**Helping Hand Form**

Please complete this form and send it to [helpinghandfund@wandle.com](mailto:helpinghandfund@wandle.com). Once received your application will be assessed. You may be contacted for further information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | **Date of Birth** | |  |
| **Address** |  | | | | | |
| **Tenure** *(Please click the relevant box)* | Tenant | Leaseholder | | | Shared Owner | |
| **Preferred Contact Number** |  | | | | | |
| **Email** |  | | | | | |
| **Are you?**  *(Please click the relevant box)* | Employed | | Unemployed | | | |
| **If you are claiming benefits, *please specify what benefit*** |  | | | | | |
| ***Benefit Indicator: (a)Universal credit (b) JSA (Job Seekers Allowance) (c) Income Support (d) Employment and Support Allowance (e) Pension Credit (f) Carers Allowance (g) Personal Independence Payment (h) Disability Living Allowance (for a Child) (i) Attendance Allowance*** | | | | | | |
| **Please provide a summary of why you require financial assistance:** | | | | | | |

**1. Household** - Please complete

***Who do you live with? (Dependent Adult or Children)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to you** | **Employed/Unemployed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Income/Expenditure/Debt/Arrears –** Please complete

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you in debt?** *(please tick box)* | **Yes** | | **No** | |
| **If yes, please specify an overview** |  | | | |
| **Are you in arrears or any of the following?** *(please tick box)* | **Rent Arrears** | **Council tax** | | **Utility/Energy arrears** |
| **Further comments** (overview of any financial hardship) |  | | | |

**3. Health and Social Care -** Please complete

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do any of the following apply to you or anyone in your household?** *(Please click the relevant box)* | Mobility Impairment | Hearing Impairment | Vision Impairment | Other |
| **Other *(Anything you require Wandle to be aware of):*** | | | | |

**4. Household necessitates –** Do you **urgently** require any of the following items? ***Please click in the box to place an x for items required. (Please be aware that funds are limited).***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | |
| **White goods** *(Please click the relevant box)* | Washing machine | Electric Cooker | | | | Gas Cooker | | Fridge freezer | | Microwave | |
| **Wood furniture** *(Please click the relevant box)* | Bed  Single  Double  King size | | Cupboard | | Drawers | | Table | | Chairs | | Wardrobe |
| **Soft Furnishings** *(Please click the relevant box)* | Mattress  Single  Double  King size | | Pillows/ Cushions | | Rugs | | Bedding | | Towels | | Other |
| **Do you need help with Gardening?**  **(***Only applicable if you are unable to manage gardens due to disability or mobility implications****)*** | No | | | Yes | | Please specify requirements: | | | | | |
| **Do you need funding for the following?** *(Please click the relevant box)* | Stationary | | | Electrical item | | Other (please specify): | | | | | |
| **Do you need funding for the following?**  *(Please click the relevant box)* | Food | | | Cleaning products | | Other (please specify): | | | | | |

**5. Reason for Request**

|  |  |
| --- | --- |
| **Please provide reasons for requesting aid through the Helping Hand Fund to support your application. This section *must* be completed.** | |
| **If you have had assistance from this fund previously, please specify why you are applying again.** | |
|  | |
| I give consent for my information to be shared with relevant Wandle staff as part of the Helping Hand Fund application and referral. I hereby confirm that all information stated above is factual and accurate. | |
| **Print Name:** | **Date:** |
| **If completing on behalf of resident, please provide your details:** | |

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| --- |
| **For Office Use:** |
| Recommended award:  Print name/team:  Date:  -------------------------------------------------------------------------------------------------------------------------------------  Authorised by:  Comments:  Print:  Date: |