**Helping Hand Form**

Please complete this form and send it to 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** |
|  |  |  |  |
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**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)* | MattressSingle[ ] 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**

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| --- |
| **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: |