

# Private & Confidential



## The Mayor of Elmbridge Trust Fund Application Form

### Personal Information:

Applicant's Full Name:	
Date of Birth:	
Address (incl. Postcode):	
Number of Years / Months lived at the Property:	
Contact Telephone Number:	
E-mail address:	

### Household Details:

Do you live alone?                      Yes                      No

Do you own or rent your home? Please tick as appropriate:

Homeowner                      Renting                      Housing Association Tenant

If you are a Housing Association (HA) Tenant, please can you provide the details of your HA Landlord and confirm by ticking the following box that you give consent to the HA being contacted should this be necessary to assist in processing your application etc. *Consent to contact Housing Association*

If you do not live alone, please list below all of the Members of your Household living at your address:

Name	Age	Relationship to applicant	Employed or in Education	Monthly contribution to household

Do you have a lodger living with you?    Yes                      No

If yes, give the amount of rent per month that you receive:

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## Purpose of Grant:

Please note the following information lists the items that the Mayor of Elmbridge Trust Fund may or may not provide a grant for.

May provide funding:	Does not usually providing funding:
<ul style="list-style-type: none"> <li>✓ Necessary furniture and household items/services e.g. beds, carpeting, washing machines, fridges etc</li> <li>✓ Necessary educational expenses e.g. school uniforms</li> <li>✓ A contribution towards necessary disability equipment etc, where it is not met by the NHS</li> </ul>	<ul style="list-style-type: none"> <li>✗ Paying off debts/loans/utility bills</li> <li>✗ Grants to groups or organisations</li> <li>✗ Furniture/household items that are not necessities</li> <li>✗ School/youth organisation trips that are not a 'need'</li> <li>✗ Applications where the applicant received a grant in the last 12 months</li> <li>✗ A repeat application whereby the original item granted would reasonably be expected to have remained functional</li> <li>✗ Retrospective applications (ie. where an item has already been purchased)</li> </ul>

Please provide as much information as possible detailing what you are applying for and why. For items such as carpets/flooring, please include a quote from a supplier. For furniture and household items/services, please include details of the item(s) and a photocopy from a supplier's catalogue (i.e Argos) showing the item number and full price. Whilst applications can be considered from different companies, the Trust Fund has agreements in place with **Argos (Brooklands Store in Weybridge), Molesey Refrigeration, Surrey Reuse Network, Carpetright in Walton on Thames, Webster Floors, Hersham and Ashley Flooring, Walton on Thames** to supply the majority of goods.

### Carpeting / Flooring

Supplier:

Copy of quote must be included with this form

Total of Quote Received:

If you are applying for carpeting for more than one room, please provide a breakdown of the costs per room below and the room order in priority need:

(1 <sup>st</sup> Priority) Room:	Cost:	(4 <sup>th</sup> Priority)Room:	Cost:
(2 <sup>nd</sup> Priority) Room:	Cost:	(5 <sup>th</sup> Priority)Room:	Cost:
(3 <sup>rd</sup> Priority) Room:	Cost:	(6 <sup>th</sup> Priority)Room:	Cost:

Why the carpeting / flooring is required:

Are you able to make a financial contribution towards the cost of the carpeting / flooring. If so, please indicate how much

*\*Please note that the Trustees have set a limit of up to £500 for carpeting/flooring per application therefore if the value is greater than this amount, it is less likely that the charity will be able to meet your request however, each application is considered on its merit.*

### Household Item(s)

Item(s):	Cost:	Catalogue Reference No
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(1 <sup>st</sup> Priority		
(2 <sup>nd</sup> Priority)		
(3 <sup>rd</sup> Priority)		
(4 <sup>th</sup> Priority)		
(5 <sup>th</sup> Priority)		

Total

Why the household item(s) are required:

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## Other Item(s)

(Please note this section is for items other than carpeting or household

items) Total Cost

Reason why item is required:

## Priority Order:

If you are requesting assistance for more than one item from the three categories listed, please place these in priority need order as the Trustees will use this information when determining the application. Please note that the Mayor of Elmbridge Trust Fund is a charity, and financial assistance may be limited in order to assist as many applicants as possible.

1<sup>st</sup> Priority

2<sup>nd</sup> Priority

3<sup>rd</sup> Priority

Have you received or applied for financial assistance from the Mayor of Elmbridge Trust Fund (MOET) or any other Charity in the last 12 months?

Yes

No

If yes, please detail when it was, who you applied to, and what the outcome was:

Date:	Item applied for	Who applied to? (including MOET)	Did you receive a grant?

## HOUSEHOLD INCOME & EXPENDITURE

(Please include Husband/Wife/Partner's Income if applicable)

Monthly Income		Monthly Outgoings	
Wages / Salary		Food and household shopping	
Universal Credit		Rent/Mortgage	
Housing Benefit		Gas	
Pension Credit		Electricity	
Income Support		Water	
Job Seeker Allowance		Council Tax	
Child Benefit		TV Licence	
Working Tax / Child Tax Credits		Phone / Mobile Phone	
Disability Living Allowance		Broadband and TV packages	
Carer's / Attendance Allowance		Payments to Carers	
Incapacity Benefit/ ESA		Car (including insurance and running costs)	
Other Household Member Income		Travel (if not included in car costs)	
Other (e.g. maintenance payments, income from lodger)		Insurance costs (if applicable i.e. home, contents, life)	
		Other (please list)	
<b>Total Monthly Income</b>		<b>Total Monthly Outgoings</b>	

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## HEALTH & SUPPORTING INFORMATION

Do you have any medical conditions that you consider are relevant to your application? Yes                  No

If you would like to provide some details in this regard, please use the box below.

**You can also provide any relevant supporting information from any Health Workers or Social Workers e.g. supporting letters etc.**

**Please can you provide a brief statement on the reasons why you are applying to the Charity for assistance.**

**I hereby certify that the information given on this form is accurate and true to the best of my knowledge and that I have read the Privacy Statement about the Charity's compliance with the General Data Protection Regulation and what the Charity will do with my personal information.**

Signature of Applicant:

Date:

If the application form has been completed on your behalf by a representative, please indicate below their name and relationship to you:

Name:  
*(Please Print)*

Relationship:

Please return to:

Democratic Services, Elmbridge Borough Council, Civic Centre, High Street, Esher, Surrey, KT10 9SD or e-mail: [committee@elmbridge.gov.uk](mailto:committee@elmbridge.gov.uk)