



## APPLICATION GUIDELINES AND GRANT AWARD CRITERIA

### Important note to sponsors:

The 'Applicant' is the adult, legal guardian or parent requiring help. The 'Sponsor' is the professional person applying on the applicant's behalf. **The Sponsor must complete all parts of this form and verify the information provided.**

### Eligibility for a one off grant of £50 - £250 (*£250 is the maximum amount awarded*):

- Applicants must have an officially recognised sponsor who has personal knowledge of their circumstances and who can verify all information requested on this form. A sponsor can be a representative from the Health Service, Social Services, C.A.B, Housing Association, Tenancy Support agency, Charity etc. **Grant Payments are made payable to the Sponsoring body, not the applicant:** sponsors are therefore required to have the facility to receive grants on behalf of the applicant. They must also ensure that any grant is spent on the item(s) for which it is awarded.
- Applicants of any age experiencing financial hardship and on a very low income are considered providing they have an illness, physical disability, diagnosed mental health problem, learning disability or they care for an adult or child who is disabled or ill.

If help is required for a child, please provide details of his/her disability or illness and complete parent/carer's information for 'Applicant's Details' on page 2 of form.

- Applicants must reside in the U.K. **National Insurance number MUST be given.**
- Sponsors must ensure that all statutory entitlements, including Local Welfare Grant (where eligible) have been applied for before submitting a request to LHH. **If a grant has been awarded previously to the applicant by LHH, no further application should be made.**
- Please submit **Department of Work and Pensions (DWP) letters** to support benefits income declared on grant application form.

### Examples of what LHH may award grants for:

- Essential household items such as a cooker, bed/bedding, fridge, washing machine, carpets etc.
- Heating costs/fares/travel expenses for hospital or regular appointments.
- Specialist equipment that cannot be obtained through Health or Social Services.
- Clothing, including school uniform.
- Carer's Breaks (when funds allow).

### We regret that LHH **CANNOT** help with:

- Electric wheelchairs & scooters, stair lifts, hoists, car purchase, vehicle adaptations etc.
- Building/renovation/extension works.
- Business or education related costs including computers.
- Debts/ bankruptcy fees.
- Medical, dental and therapeutic treatment including alternative therapies.
- Support for refugees unless they have been granted residency/asylum.
- Overseas travel or holidays unless recuperative following an illness/stay in hospital, or a carer's break.
- Tenancy deposits.

Applications are considered two or three times a month.

**LHH is committed to ensuring accessibility to all sections of society. If you have any questions or special needs please contact the Secretary on tel no: 01444 236099 or email: [secretary@lhh.org.uk](mailto:secretary@lhh.org.uk)**

### Other Help Given

LHH supports 70-80 regular beneficiaries by providing quarterly payments, birthday and Christmas cards, regular newsletters and yearly visits.



## Application for Assistance

**LHH does not have the funds to help all those who apply.**

Applications not submitted in accordance with our guidelines will not be considered.

Please check the form carefully before sending and ensure ALL sections have been completed.

**This form must be completed in full by the Sponsor.**

| APPLICANT INFORMATION   |  |     |  |                   |  |
|---|--|-----|--|-------------------|--|
| Surname   |  |     |  | First Names       |  |
| Address   |  |     |  |                   |  |
| Postcode  |  |     |  | Telephone         |  |
| Date of Birth   |  | Age |  | Email             |  |
| National Insurance Number:  |  |     |  |                   |  |
| Medical diagnosis for applicant's illness/disability?                     |  |     |  |                   |  |
| Is medication being taken? If yes, please list                            |  |     |  |                   |  |
| Present occupation (incl. Armed Forces)                                   |  |     |  |                   |  |
| Former occupation (incl. Armed Forces)                                    |  |     |  | Date last worked? |  |
| Does applicant live alone?<br>If no, please describe household            |  |     |  |                   |  |
| Spouse/Partner's present occupation (incl. Armed Forces)                  |  |     |  |                   |  |
| Spouse/Partner's former occupation (incl. Armed Forces)                   |  |     |  | Date last worked? |  |
| Number of children living in household?<br>Please provide DOB if under 18 |  |     |  |                   |  |
| Are the children in full-time education /training/working or on benefits? |  |     |  |                   |  |

**SPONSOR'S DETAILS**

|                 |  |                              |  |
|-----------------|--|------------------------------|--|
| Surname         |  | First Name                   |  |
| Sponsoring Body |  |                              |  |
| Address         |  |                              |  |
| Postcode        |  | Telephone<br>(landline pref) |  |
| Email           |  | Fax                          |  |

**ITEM(S) FOR WHICH SUPPORT IS REQUESTED**

|                      |  |  |  |
|----------------------|--|--|--|
|                      |  |  |  |
| Total Sum Required £ |  | Sum requested from LHH £<br>(maximum £250) |  |

**DETAILS OF ANY SAVINGS FOR THE HOUSEHOLD**

|                                       |   |  |
|---------------------------------------|---|--|
| Bank/Building Society Accounts        | £ |  |
| Post Office Accounts/National Savings | £ |  |
| Premium Bonds/Savings Certificates    | £ |  |
| Stocks & Shares/Other Investments     | £ |  |
| Other Savings : Please Specify        | £ |  |

**DETAILS OF DEBTS FOR THE HOUSEHOLD**

|   | Total now<br>Owed £ | Monthly<br>Repayments £ | Date of Final<br>Repayment |
|---|---------------------|-------------------------|----------------------------|
| HP or Credit Agreements                     |                     |                         |                            |
| Mail Order/Catalogues                       |                     |                         |                            |
| Court Judgment/Fines/Attachment of Earnings |                     |                         |                            |
| Other Debts: Please Specify                 |                     |                         |                            |
| <b>(D)Total Debts Repayment £</b>           |                     |                         |                            |

**DETAILS OF HOUSING: what type of home does the applicant live in? (Tick one box)**

|                   |                     |                |                |                        |
|-------------------|---------------------|----------------|----------------|------------------------|
| Owned no mortgage | Owned with mortgage | Rented council | Rented Private | Other (please specify) |
|-------------------|---------------------|----------------|----------------|------------------------|

**DETAILS OF INCOME AND EXPENDITURE – MONTHLY FIGURES PLEASE (DWP paperwork to be submitted)**

| TOTAL HOUSEHOLD INCOME AFTER TAX   | £      | TOTAL HOUSEHOLD EXPENDITURE                                  | £ |
|--|--------|--|---|
| Net earnings from Employment   |        | Mortgage Payments  |   |
| Retirement Pensions  |        | Rent: Top up   |   |
| Occupational/Private Pensions  |        | Council Tax: Top up  |   |
| Disability & Carer's Benefits:   | /      | Utilities (water, electric, gas, coal, logs, oil)            |   |
| PIP Care ( <i>Std/Enhanced rate?</i> )   |        | Total Debt Repayment ( <b>D from page 3</b> )                |   |
| PIP Mobility ( <i>Std/Enhanced rate?</i> )   |        | TV Licence   |   |
| Attendance Allowance   |        | Telephone incl. landline/broadband/internet                  |   |
| Carer's Allowance  |        | Mobile(s)  |   |
| Sickness Benefits  | /      | Insurances (specify)   |   |
| Statutory Sick Pay   |        |  |   |
| Employment & Support Allowance ( <i>Assessment Phase/Work Related/Support Group?</i> ) |        | Car expenses incl. road tax, servicing, petrol and insurance |   |
| Jobseekers Allowance   |        | Other Travel expenses  |   |
| Means-Tested Benefits  | /      | Clothing (incl. school uniform)                              |   |
| Income Support   |        | Food   |   |
| Income-based Jobseekers Allowance  |        | Household expenses   |   |
| Universal Credit   |        | Leisure expenses   |   |
| Pension Credit   |        | Pet expenses   |   |
| Housing Benefit  | Yes/No | Any other expenses: Please specify                           |   |
| Council Tax Reduction  | Yes/No |  |   |
| Tax Credits  | /      |  |   |
| Child Tax Credit   |        |  |   |
| Working Tax Credit   |        |  |   |
| Child Benefit  |        |  |   |
| Any other Income: Please specify   |        |  |   |
|  |        |  |   |
| <b>Total £ per Month</b>   |        | <b>Total £ per Month</b>                                     |   |

Please list other charities, trusts and/or local authorities to which the applicant has also applied for assistance and the results of those applications.

|   | CHARITY, TRUST, LOCAL AUTHORITY | DATE OF APPLICATION | RESULT AND DATE |
|---|---------------------------------|---------------------|-----------------|
| 1 |                                 |                     |                 |
| 2 |                                 |                     |                 |
| 3 |                                 |                     |                 |
| 4 |                                 |                     |                 |
| 5 |                                 |                     |                 |

**CASE REPORT:** please give full details of the applicant's situation below or on a separate sheet

|         |  |       |  |
|---------|--|-------|--|
| Signed: |  | Date: |  |
|---------|--|-------|--|

**GRANT PAYMENT DETAILS (Note: we do not make grant payments direct to individuals)**

|                    |  |           |             |
|--------------------|--|-----------|-------------|
| Sponsoring Body    |  | BACS Ref  |             |
| Account Name       |  | Sort code | Account No. |
| Grant Cheque Payee |  |           |             |

**DECLARATION AND SIGNATURE**

**DATA PROTECTION ACT 1998:** By signing this form both the applicant and the sponsor agree to this and any other relevant information being retained by **The League of the Helping Hand** for its own use for as long as necessary.

The information in this form is correct to the best of my knowledge and belief.

|                     |  |      |  |
|---------------------|--|------|--|
| Applicant Signature |  | Date |  |
| Sponsor Signature   |  | Date |  |

Please enclose a stamped addressed envelope and return application form to:  
The Secretary, LHH, PO Box 342, Burgess Hill, RH15 5AQ

NB: A stamped addressed envelope must be provided to ensure notification of the application outcome