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# **Local Welfare Provision application for grant assistance**

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Bedford Borough Council

**Local Welfare Provision (01234) 718033**

Please return this form via email to:

[local.welfareprovision@bedford.gov.uk](mailto:local.welfareprovision@bedford.gov.uk)

**You can use this form to apply for a Home in the Community Grant.**

**Who can get a grant?**

* Individuals and families who live in Bedford Borough and received a means tested benefit or would be entitled to a means tested benefit of pension credit should they apply.
* Young people who live independently and care leavers under 18 years of age who do not have access to means tested benefits.

**You and your family should also meet one of the following conditions:**

* Your family\* is experiencing exceptional pressures\*\*.
* You are leaving long term care.
* You are leaving prison or detention and have a strong local connection to Bedford Borough and have previously lived here.
* You are fleeing domestic violence or abuse or moving to safeguard yourself from serious and imminent risk of other forms of violence or abuse.
* You are moving to supported or independent living and/or following a resettlement programme.
* You are a young person leaving care.
* You are leaving institutional or residential care.

***\*****‘Families’ shall normally be individuals or couples with a dependent child or children, or a woman who is over 24 weeks pregnant. A child is a person under the age of 18 years.*

***\*\*****‘Exceptional pressures’ are acute needs arising from exceptional circumstances, e.g. a fire or flood or the breakdown of a relationship or the onset/deterioration of a disability of a family member.*

**How a Home in the Community Grant can help**

Home in the Community Grants do not have to be paid back. A grant should not be seen as a means of upgrading your current home furnishings or to replace items subject to wear and tear; they are intended to help people establish themselves in the community. Grants can help to provide household items that are essential for basic living or health and safety for people experiencing genuine need. We may not be able to give you everything you have asked for as there is a limited amount available to help residents that apply.

Please note that any items awarded will be appropriate for your individual/family’s circumstances.

**You can ask for help with:**

* Beds and bedding.
* Washers, cookers and fridges.
* Essential furniture (e.g. tables & chairs).
* Basic floor coverings (not fitted carpets).
* Health and safety items for a dependent child (e.g. fireguard, stair safety gates etc).
* Emergency house repairs that will if not repaired present an immediate threat to health and safety or security (available for owner occupiers only).
* Any other item or service at the Council’s sole discretion essential to assist a family experiencing exceptional pressure establish or maintain a home in the community and which is not an excepted item.

**What can Home in the Community Grants NOT help with?**

**We cannot help with:**

* A need which occurs outside of the United Kingdom
* An educational or training need including clothes or tools.
* Distinctive school uniform or sports clothes for use at school or equipment to be used at school.
* Travelling expenses to or from school.
* School meals taken during the school holidays by children who are entitled to free school meals.
* Expenses in connection with court (legal proceedings) such as legal fees, court fees, fines, costs, damages, subsistence or travelling expenses.
* Removal or storage charges if you being rehoused following a compulsory purchase order, a redevelopment or closing order, a compulsory exchange of tenancies, or under homelessness legislation.
* Domestic assistance or respite care/
* Medical, surgical, optical, aural or dental item or service.
* Work related expenses.
* Investments.
* Costs of purchasing, renting or installing a telephone, broadband connection or television and any associated charges.
* Housing costs or arrears or rent other than minor repairs and improvements to the applicants own property essential for health, safety or security.
* Taxes or other statutory payments.
* Debts or insolvency costs.
* Home decoration, TV licence, care provision, holidays.
* Garaging, parking, purchasing and running costs of any motor vehicle except where the payment is considered for emergency travel expenses.
* Where provision is made elsewhere through public funds, including other funding from the Council.
* Reimbursement of costs of items already purchased.
* Or where the applicant has sufficient income, savings or access to a reasonable source of credit.
* Any purpose for which a Home in the Community grant was previously given to the same family within the last two years.

**FAQ’s**

* **How often can I apply for a grant**? Only one award can be considered in any rolling 12-month period. However, if you have made an application whilst residing in temporary accommodation, a further application may be considered if you move into permanent accommodation within 12 months, for items not previously awarded.
* **How do we decide whether you can have a grant?** the decision maker will look at all the information on your application before we decide whether we can give you a grant. There is only a limited amount available to award so we will not be able to help everyone that applies.
* **What if I don’t agree with the decision?** There is no right of appeal, however you can ask for a review of a decision by a Council officer other than the assessor who made the decision within twenty working days.
* **Will I get cash?** No. You may be signposted to service providers or be advised how you will receive goods/services. Special conditions may apply.

This form should be filled in by the person who is making the application. Their details must go in ***Part 1*** and they must sign the ***Declaration*** at ***Part 16*.** If you find it difficult to fill in this form, someone else can complete it for you. If you are filling this form in on behalf of someone else, tell us about them throughout the form.

Part 1 About you

|  |  |
| --- | --- |
| **Surname or family name** |  |
| **All other names** |  |
| **All other surnames or family names you have been known by or are using now** |  |
| **Current Address** |  |
| **How long have you lived at this address in years and months?** |  |
| **Previous address if you have lived at your current address for less that 5 years. Please include dates that you lived here** |  |
| **Contact email** |  |
| **Contact telephone number** |  |
| **Date of birth** |  |
| **National Insurance Number (NINO)** |  |
| **Have you recently separated from somebody?** | If yes, tell us about this below, if no, continue to ***Part 2*** |
| **Their full name** |  |
| **Their date of birth** |  |
| **Their NINO** |  |
| **Their current address** |  |
| **The date of separation** |  |

Part 2 About your partner

**Please tell us about your partner, if you have one.**

By partner we mean

* A person you are married to or a person you live with as if you are married to them, or
* A civil partner or a person you live with as if you are civil partners.

|  |  |
| --- | --- |
| **Surname or family name** |  |
| **All other names** |  |
| **Date of birth** |  |
| **National Insurance Number (NINO)** |  |

Part 3 About benefits and entitlements

You may be able to get a grant if you are getting a means tested benefit.

You may be able to get a Home in the Community grant in you are in care, such as a hospital, a care home or a prison, but only if:

* You expect to be discharged within six weeks of the date of this application
* You are likely to be entitled to a means tested benefit when you are discharged

**Please tell us about any money you, your partner or any other members of the household get regularly.**

We mean things like benefits or entitlements (such as Universal Credit, Pension credit, Disability Living Allowance, Attendance Allowance, Carer’s Allowance and child Benefit), pensions, tax credits, wages and maintenance payments.

**Money 1**

|  |  |
| --- | --- |
| **Type of income** | ***e.g. Universal credit*** |
| **How much are you getting and how often?** |  |
| **When did you last get a payment?** |  |
| **When will you get your next payment** |  |
| **Who receives this money?** |  |

**Money 2**

|  |  |
| --- | --- |
| **Type of income** | ***e.g. Universal credit*** |
| **How much are you getting and how often?** |  |
| **When did you last get a payment?** |  |
| **When will you get your next payment** |  |
| **Who receives this money?** |  |

**Money 3**

|  |  |
| --- | --- |
| **Type of income** | ***e.g. Universal credit*** |
| **How much are you getting and how often?** |  |
| **When did you last get a payment?** |  |
| **When will you get your next payment** |  |
| **Who receives this money?** |  |

**Money 4**

|  |  |
| --- | --- |
| **Type of income** | ***e.g. Universal credit*** |
| **How much are you getting and how often?** |  |
| **When did you last get a payment?** |  |
| **When will you get your next payment** |  |
| **Who receives this money?** |  |

**Money 5**

|  |  |
| --- | --- |
| **Type of income** | ***e.g. Universal credit*** |
| **How much are you getting and how often?** |  |
| **When did you last get a payment?** |  |
| **When will you get your next payment** |  |
| **Who receives this money?** |  |

**Money 6**

|  |  |
| --- | --- |
| **Are you waiting for any loans** |  |

Part 4 About leaving care

By care we mean prison, hospital, care home or similar place.

|  |  |
| --- | --- |
| **Name and address of the prison, hospital, care home or similar place.** |  |
| **Prison number if applicable** |  |
| **What date did you go into care?** |  |
| **Date of leaving** |  |
| **If you are still in care, what address will you go into when you leave?** |  |

***If you are leaving prison, please attach a copy of your B79 Notification of Discharge Form***

Part 5 About your children

**Please tell us about any children who live with you.**

|  |  |  |
| --- | --- | --- |
| **Surname or family name** | **All other names** | **Date of birth** |
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**Is anyone in your household pregnant? If yes, please give details here including the estimated due date:**

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| --- |
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**If you have any other children who do not live with you, please tell us about them below:**

|  |  |  |
| --- | --- | --- |
| **Surname or family name** | **All other names** | **Date of birth** |
|  |  |  |
| **Where do they live?** | | |
|  |  |  |
| **Where do they live?** | | |

Part 6 About other people who live with you

**Please tell us about anyone else who live with you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname or family name** | **All other names** | **Date of birth** | **Their relationship to you** |
|  |  |  |  |
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Part 7 About moving home

You may be able to get a Home in the Community grant if you or someone else move to a different address, if this will help

* You or them move back in the community instead of going into care
* You or them stay in the community instead of going into care
* You ease exceptional pressures on you and your family
* You set up home as part of a planned resettlement programme after you have had an unsettled way of life

**Please tell us below if you, a member of your family, or someone you are, or will be looking after will be moving to a new address**

|  |  |
| --- | --- |
| **Who is moving?** |  |
| **When are they moving?** |  |
| **Why are they moving?** |  |

**Under which criteria are you applying for a Home in the Community grant?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your family**\*** is experiencing exceptional pressures**\*\*** |  | You are leaving long term care |  | You are a young person leaving care |  |
| You are leaving institutional or residential care |  | You are moving to supported or independent living |  | Fleeing domestic violence or abuse or moving to safeguard yourself from serious and imminent risk of other forms of violence or abuse |  |
| You are leaving prison or detention and have a strong connection to Bedford Borough, and you have previously lived here |  | \*‘Families’ shall normally be individuals or couples with a dependent child or children, or a woman who is over 24 weeks pregnant. A child is a person under the age of 18 years.  \*\*‘Exceptional pressures’ are acute needs arising from exceptional circumstances, e.g. the breakdown of a relationship or the onset/deterioration of a disability of a family member. | | | |

|  |  |
| --- | --- |
| **Where are they moving to?** | ***Please provide a copy of your new tenancy agreement and inventory schedule.*** |

**If the property is rented, please tell us about the landlord:**

|  |  |
| --- | --- |
| **Landlords name** |  |
| **Daytime contact number** |  |
| **Can we contact the landlord if we need more information?** |  |
| **Have you asked the landlord to help you with household items? Please provide details.** |  |

**Are you following a programme to help you resettle because you have had an unsettled way of life:**

|  |  |
| --- | --- |
| **If yes, please give details here:** |  |
| **Name of organisation** |  |
| **Name of the person helping you** |  |
| **Address and contact details of organisation** |  |

Part 8 About health problems

We need to know about any health problems. By this, we mean things like illness, medical conditions, disabilities, infirmities due to age, mental health problems, or drug or alcohol problems,

**Please tell us about anyone who has health problems. This could be you, any members of your family or someone you are, or will be looking after.**

|  |  |
| --- | --- |
| **Who has health problems?** |  |
| **What health problems does each person have?** |  |
| **Tell us how each person is affected?** |  |
| **Do any of the people you have told us about see a doctor regularly?** |  |
| **If yes, tell us about this.** |  |
| **Have any of the people you have told us about recently been in hospital, care home or somewhere like this?** |  |
| **Tell us who this was.** |  |
| **Name, address and dates of stay?** |  |
| **Do you or your family receive help from anyone else?** | **If yes, who provides this help and how?** |
| **Has anyone you have told us about had their needs assessed by social services or a health care professional?** | **If yes, please provide more detail.** |
| **Can we contact any person or agency who is helping if we need more information?** | **If yes, please tell us about them and their contact details.** |
| **Do any of the health problems you have told us about mean extra expense?** | **If yes, please tell us how much additional expenses you incur and how?** |

Part 9 About your disaster

**We can give you a Home in the Community grant for items and services if there has been a disaster and if there will be a serious risk to either the health and safety to you or a member of your family.**

Disasters are events of great or sudden misfortune, such as major flooding, a gas explosion, a chemical leak or a serious fire, but not minor mishaps or damages, wear and tear or the pressures of managing a low income.

|  |  |
| --- | --- |
| **Tell us more about the disaster?** |  |
| **Do you have household insurance?** |  |
| **Tell us if you intend to make a claim or have done so already?** |  |

Part 10 About the expenses you need to meet

**It is important that we know as much as possible about the items you need.**

Please note that any items awarded will be by means of a voucher. You will need to keep your receipts once you have purchased the item to show that you have spent the voucher on the items that the grant was given. Some items awarded may be re-used or recycled.

We will not reimburse costs for items already purchased.

|  |  |  |
| --- | --- | --- |
| **What do you need?** | **How much will it cost?** | **Why is it needed?** |
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The Local Welfare Provision will not normally replace items/appliances that are no longer working due to general wear and tear.

Part 11 About your expenditure

Please give information about your current weekly expenses/outgoings below:

|  |  |  |
| --- | --- | --- |
| Type of weekly expense/outgoing | You (£’s) | Other household member (£’s) |
| Mortgage Payments |  |  |
| Rent |  |  |
| Council Tax |  |  |
| Water Rates |  |  |
| Ground Rent/Service Charge |  |  |
| Buildings/Contents Insurance |  |  |
| Life Insurance/Pension |  |  |
| Gas |  |  |
| Electricity |  |  |
| Other Fuel |  |  |
| Housekeeping |  |  |
| TV Rental/Licence |  |  |
| Child Maintenance Payments/Child Support |  |  |
| Travelling Expenses |  |  |
| Clothing |  |  |
| Laundry |  |  |
| Telephone/Mobile |  |  |
| Broadband/Internet |  |  |
| Sky/Virgin/Other Entertainment Packages |  |  |
| Prescriptions/Health Costs |  |  |
| Childcare Costs – please specify |  |  |
| Car Insurance/Expenses |  |  |
| Loans |  |  |
| Credit Card/Catalogue Bills |  |  |
| Fines or CCJ’s |  |  |
| Crisis Loans |  |  |
| Other – please specify |  |  |

***Please provide a copy of the last 2 months statements for all bank accounts and savings accounts registered in your name and for any other members of the household aged 18 years and over***

Part 12 About your savings and any other money you could use

Please tell us about any savings or other capital you or your partner have

|  |  |
| --- | --- |
| **Do you, your partner have any money** |  |
| **Tell us how much this is and who it belongs to?** |  |
| **Do you, your partner have any savings?** |  |
| **Tell us how much this is and who it belongs to?** |  |
| **Please list all bank or building society accounts:** |  |
| **Is there any other money you or your partner could use? (e.g. overdraft, credit card etc)** | ***If yes, please provide details*** |
| **Can you or your partner get any help from anywhere else in cash or kind?** | ***If yes, please provide details*** |
| **Do you or your partner own any property, apart from where you live?** | ***If yes, please provide details*** |

Part 13 About any other difficulties

We need to know about any other difficulties you have not already told us about. These may be things like family problems, poor living conditions or coping after a disaster, but tell us about anything that makes your situation unusually hard to cope with.

Please tell us below:

• What the difficulties are, and

• How will they affect you, your family, or someone you are, or will be, looking after

|  |
| --- |
|  |

Part 14 Additional information

**Please provide any further details that you wish to be considered where you haven’t had the opportunity to tell us about in the form:**

|  |
| --- |
|  |

***Part 15 Signing the form for someone else***

|  |  |
| --- | --- |
| **Your name, address and email address and telephone number** |  |
| **Why are you signing the form on behalf of the applicant (e.g. power of attorney).** |  |

Part 16 Declaration

This declaration is legally binding.

**Please read all points carefully and make sure you understand them before signing and dating the form.**

* I declare that the information I have given on this form is correct and complete as far as I know and believe.
* I understand that you may check the information I have given on this form.
* I understand that if I knowingly give information that is incorrect or incomplete, the Council may refuse this and any future applications for assistance from the Local Welfare Provision.
* I understand that if I/we give false or misleading information, the Council may take action against me. This may include court action.
* I understand that you may use the information I have given in connection with this and any other claim I have made or may make for state benefits. You may share information to other departments in the Council as well as other government agencies and private companies such as banks and organisations that may lend me money, if the law allows this.
* I know that I must tell you if my circumstances change after I make this application.
* I declare that if I am awarded a grant I will spend it on items that the award has been made for and that I must provide receipts if I am asked to do so.
* I know I must let the Council know about any change in my circumstances which might affect my application.

|  |  |
| --- | --- |
| **Your signature** |  |
| **Date** |  |

Part 17 Application checklist

**Before returning your application, please tick that you have completed the following.**

**Any missing information may cause a delay in processing your application.**

* Check that you have completed all the parts of the form that apply to you
* Attach a copy of your signed tenancy agreement and inventory schedule
* Attach a copy of your last 2 bank statements for all accounts of household members 18 years and over
* Attach any supporting evidence
* You or your representative have signed the declaration above