

## Application for assistance from Household Fund

Do read the Advice to Agents' sheet very carefully before you start to complete this form. It is essential that you provide all the information we request.

| 1. Applicant – Contact Details   |  |                       |              |
|--|--|-----------------------|--------------|
| Title  |  | First Name            |              |
| Surname  |  | Any previous name(s): |              |
| Date(s) of birth:  |  |                       |              |
| Daytime Contact Number   |  |                       |              |
| Current address:   |  | Postcode:             |              |
| How many years have you lived at this address?<br>If less than 2 years, please give your previous address below: |  |                       | No of years: |
| Previous address:  |  |                       |              |
|  |  |                       |              |
| 2. Agent – Contact Details<br>(e.g. social worker, community worker, family support worker)                      |  |                       |              |
| First Name:  |  | Surname               |              |
| Job title:   |  |                       |              |
| Employer   |  | Department            |              |
| Work address:  |  |                       |              |
| Work phone:  |  | Mobile phone:         |              |
| Email: Essential for correspondence  |  |                       |              |
|  |  |                       |              |



# Liversage Trust

For the people of Derby  
Since 1529

T: 01332 348155  
E: info@liversagetrust.org  
www.liversagetrust.org

Liversage Trust, London Road,  
Derby, DE1 2QW

## 3. Previous Grant from Liversage Trust

Have you ever received a grant before from the Trust?

Yes

No

If you have answered 'yes' to the last question, please tell us when it was and how much grant you received

## 4. Names of Children and Dates of Birth

Please give first name(s), last name and age

Child 1

Age:

Child 2

Age:

Child 3

Age:

Child 4

Age:

Child 5

Age:

Child 6

Age:

Child 7

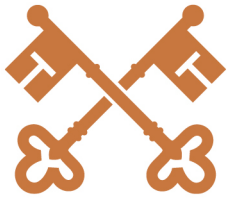
Age:

## 5. Household Items Requested

Please tell us why you need our help:

Please list below, in priority order, the items you want us to help you with.

Total cost should not exceed £150 – except as indicated in Advice to Agents' sheet. In all other cases, please explain above how the gap will be funded.

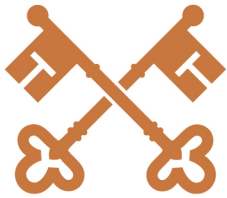


| Priority   | Description of item<br>(See Advice to Agents' sheet for list of eligible items) | Fixed Cost £<br>(See Advice to Agents' sheet) |
|------------|---|---|
| Priority 1 |   |   |
| Priority 2 |   |   |
| Priority 3 |   |   |
| Priority 4 |   |   |
| TOTAL COST |   | £   |

## 6. Household Finances

Include the income and expenditure of everyone living in the household

|  |   |  |
|--|---|--|
| Do you receive Disability Living Allowance or Personal Independence Payment?             |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you receive Attendance Allowance?   |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Section 1: Income  |   | Weekly average   |
| Income from Work after Deductions  |   | £  |
| Working Tax Credit   |   | £  |
| Universal Credit   |   | £  |
| Income Support   |   | £  |
| Jobseeker's Allowance  |   | £  |
| State Pension and Pension Credit   |   | £  |
| Help received towards Rent and Council Tax   |   | £  |
| Employment and Support Allowance   |   | £  |
| Help received for children eg Child Benefit/Child Tax Credit/Child Support               |   | £  |
| Any other income – please detail:  |   | £<br>£   |
| TOTAL INCOME   |   | £  |
| Section 2: Savings   |   |  |
| Do you have any savings?<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, please tell us what they are and how much you have: |  |



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## 7. Other Grant Applications

Have you applied to any other organisations for a loan or a grant? Yes  No

If you have answered 'yes' to the question, please tell us how much you have requested, what response you have had to your request and list the organisations:

## 8. Joint Declaration of Main Applicant and Agent

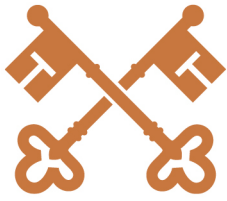
I declare that I have read the grant conditions and understood all the questions that Liversage Trust has asked. I also understand that the Liversage Trust is legally required to verify the personal circumstances of applicants for charitable grants. I declare that we are not related by family and that we do not have a personal relationship.

I declare that if this application is successful, only the items as stated in this form and approved by the Trust will be obtained and I undertake to provide the Trust with receipts for all items purchased. I further understand that the Trust reserves the right to verify that the grant has been applied in the way intended, if necessary, by making an appointment to visit the applicant's home.

I declare that the information contained in the form is correct. I understand that any deliberately false statement or omission of material facts may result in action being taken against me.

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of Liversage Trust relating to this grant application, being stored on the Trust's manual filing system and summarised on the computer for the sole purpose of grant processing, analysis and accounting. The Trust will treat all information in the strictest confidence and will not divulge it without the prior agreement of all concerned.

|                             |  |       |  |
|-----------------------------|--|-------|--|
| Main applicant's signature: |  | Date: |  |
| Agent's signature:          |  | Date: |  |



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Liversage Trust, London Road,  
Derby, DE1 2QW

Please return the completed form, together with quotations where applicable, to us by:

- Person / post: Liversage Trust, Board Room, London Road, Derby, DE1 2QW
- email: [grants@liversagetrust.org](mailto:grants@liversagetrust.org)
- fax: 01332 349674

Forms returned by email must be signed and scanned. Any forms received without signatures or otherwise incomplete will be returned to you.

## Receipt for Payment - to be signed on collection

I, the undersigned declare that the payment specified below has been received by me and will be spent upon the purpose stated and no other. I further declare that I undertake to return the Grant Completion Form with receipts for the goods obtained within 28 days. I understand that if I fail to return the Form and the receipts this may prejudice any future applications I make on behalf of other clients.

|                                |  |       |  |
|--------------------------------|--|-------|--|
| Agent's name and organisation: |  |       |  |
| Agent's signature:             |  | Date: |  |