

Application for Household Support Grant



The information provided when you apply for a Household Support Grant and other information provided in support of your application, will be held by the Enfield Council in compliance with the General Data Protection Act 2018. It will be used for the purpose of processing the request for an application for a crisis payment and verifying an application has not been made for assistance from another Local Authority.

Enfield Council is under a duty to protect the public funds it administers, and to this end may use the information provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds. Personal data will otherwise not be disclosed to third parties.

You will need to provide evidence of details given in your application. These must be proof of all income, a most recent bank statement, copies of utility bills (if required) and utility top up details.

We will reject applications where the necessary supporting documents are not included.

Part 1 About you – MUST BE COMPLETED

Name and address

Title:

Forename:

Other Names:

Surname:

Other names you may be known by:

Address:

Postcode:

How long have you lived at this address for?

Date of birth:

Nat Ins No:

Contact details (at least one must be provided)

Phone No:

Mobile No:

Email Address:

We will use these contact details if we need to contact you about your application. This may help us make our decision quickly.

Have you been placed into Enfield by another Local Authority?

If yes, you will need to approach that Authority for assistance.

No Yes

Have you received support through the Household Support Fund in the last 12 months?

No Yes

Part 2 Household Details – MUST BE COMPLETED

Do you have a partner? No Yes Name:

Nat Ins No: Date of Birth:

Do you have anyone else that lives with you or in your property?

| Forename(s) | Surname | Date of Birth | Relationship to the applicant i.e. child, parent, sibling, boarder | Circumstances i.e. Housebound/School/ Unemployed/Employed & Income |
|-------------|---------|---------------|---|---|
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Please use a separate sheet of paper if you need to tell us about anyone else who lives with you.

Part 3 Why you need help - MUST BE COMPLETED

For us to be able to consider your application you **MUST** tell us in detail about:

1. The hardship you are experiencing
2. Why you are not able to meet your expenses

If you do not provide a reason, your application will be rejected. Any cash payment is limited to £250.

If you require more than one of the items below, please specify which is most urgent. We can only offer assistance with one item.

| Assistance with | Why it is needed |
|--|------------------|
| Food | |
| Energy Bills and Water bills Top Up – please provide the name of your supplier and if you use Paypoint or Post Office. | |

| | |
|---|--|
| Energy Bills and Water bills payments. You must provide current copies of your utility bills showing arrears. | |
| Support with Housing Costs. | |
| Wider essentials, such as broadband or phone bills, clothing, period and hygiene products, essential transport-related costs such as repairing a car, buying a bicycle, or paying for fuel. Please provide evidence where available. | |
| Fridge/Freezer. White goods will be sourced from a suitable provider. We will not be able to provide a cash payment. | |
| Washing machine. White goods will be sourced from a suitable provider. We will not be able to provide a cash payment. | |
| Cooker. White goods will be sourced from a suitable provider. We will not be able to provide a cash payment. | |

Part 4 Your income – MUST BE COMPLETED

You must provide proof of your household income. We will reject applications where the necessary supporting evidence is not included.

Do you or your partner work? No If Yes

yes, please supply details below:

| Name of person working | Self-employed / employed | Amount paid | How often do you get paid (weekly/ monthly) and date of last payment | How many hours do you work a week |
|-------------------------------|---------------------------------|--------------------|---|--|
| | | | | |
| | | | | |

Part 5 Bank accounts, savings and investments – MUST BE COMPLETED

Please provide details of all accounts you and your partner hold. Please include any details of accounts held in a child’s name. **Please ensure you send us a copy of your most recent bank statements for all accounts held.**

| Name of account holder | Type of Account Current/Savings/Investment | Amount in account | Can you access this money? |
|------------------------|---|-------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | | £ | |

Please provide details in the box below of any shares, bonds or investments you or your partner hold (this includes any property, apart from where you live)

Is there any other money you or your partner could use? No Yes

Part 6

If your Household Support Fund application is successful any cash payments made will be paid into your bank account.

Please provide the account details you would like to be paid in to.

Full name as appears on bank account:

Bank Account No:

Sort Code:

You will also need to provide a recent bank statement for the above account.

Part 7 Please complete this section, if you are completing the form on behalf of someone else

Are you requesting support on behalf of someone else?

No Yes

Please provide your details below:

Title:

Forename:

Other Names:

Surname:

Address:

Postcode:

What is the relationship to the applicant?

Phone Number:

Email Address:

Please confirm if you have any of the following:

Power of attorney

Appointed by Secretary of State to act on their behalf

If you have ticked any of the above two boxes, you can sign the declaration in Part 7, you may be requested to provide proof; otherwise, the person named in Part 1 must sign the declaration.

Part 8 Declaration - Please read this declaration carefully before you sign and date it. MUST BE COMPLETED

- This is my claim for a Household Support Grant only.
- I declare that the information I have given on this form is correct and complete as far as I know.
- I understand that the Council is under a duty to protect the public funds it administers and may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other departments in the Council, other bodies responsible for auditing or administering public funds for these purposes.
- I understand that if I give misleading information or documents, I may be prosecuted under the Fraud Act 2006.
- I understand failing to follow all the points mentioned in the declaration, could affect any future claims I make for an Emergency Assistance Grant or other discretionary schemes within the Council.
- I understand that if the Council recognises that I may be entitled to or need further help, that they will contact other agencies and departments, including my Landlord for further information where required. I will be notified and advised of the information the Council is seeking before any contact is made with another department, organisation or other third party.

The London Borough of Enfield may use contact details in order to contact customers about London Borough of Enfield initiatives or to consult about its services, but only if consent has been given for us to do so. If you do not want us to contact, you for these purposes please tick the box.

Full Name:

Signature:

Date:

Please email your completed application and supporting evidence to HSFapplications@enfield.gov.uk