**APPLICATION TO MOTHER HUMBER MEMORIAL FUND** Our Ref

**BY ORGANISATION ON BEHALF OF THE APPLICANT OR THE APPLICANT THEMSELVES**

**The Trustees will normally only consider an approach via a recognized agency e.g. social services or citizens advice bureau who will confirm that advice has been sought and offer comment upon the application. If you are not seeking such advice please ensure that the reasons are explained in this application***.*

All sections must be completed. You may wish to give further information by way of an attached letter or note and this would be preferred.

**Please enclose an official letter heading detailing address, telephone number and email address if available.**

The Trustees usually meet every month (subject to variation) and a decision will be communicated as soon as possible after the meeting.

**Name and address of organisation**

Contact name AND telephone (if not enclosed on letter head)

**Applicants’ details - PLEASE INCLUDE DATE OF BIRTH**

Name (s)

Date of birth

Address

Type of accommodation (house/furnished rooms etc) Tenure (owned/private rented/public sector etc)

**Information on people living in the home.**

**DO NOT NAME MINORS BUT ONLY INDICATE THE NUMBER OF PEOPLE BELOW 18 AND THEIR AGES.**

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| --- | --- | --- |
| **Name (IF OVER 18)** | Age | Relationship to applicant |
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| **Number below 18 – do not name** | Age |  |
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**Please list the items required and estimated cost.**

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| --- | --- |
| **ITEM** | **£** |
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**IMPORTANT**

**We normally only consider ONE ITEM – but if more are being requested please list these in order of priority and give an indication of cost/s.**

**WHITE GOODS – Normally we do not award funds for second hand white goods as these often break down soon after purchase. Any new white goods supplied will be of the basic standard and functionality – we do not consider requests for non-standard sizes or coloured items other than white.**

**CARPETS – as above, we only consider one room unless there are special circumstances. All appeals for carpets must be accompanied by a written quotation showing room size and cost of carpet per sq metre or sq foot.**

**TUMBLE DRYERS – WE DO NOT AWARD THESE items in view of recent adverse publicity concerning their safety and fire risk.**

PLEASE GO TO PAGE 3

**MOTHER HUMER MEMORIAL FUND APPLICATION**

**How has the need arisen? If not explained in an attached letter please detail below. If the need results from a medical condition, written evidence may be requested.**

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| **(A detailed letter is preferred)** |
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**Is an application being made to the Benefits Agency Social Fund? If not, why?**

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**Which other Charities are requested to help THIS applicant? Please give details of items being requested from other charities.**

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**Has THIS applicant approached the Mother Humber Memorial Fund before? If so, give brief details, approximate dates and outcome.**

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**Please give brief details of other Charitable help given to THIS applicant in the last two years**

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**MOTHER HUMBER MEMORIAL FUND APPLICATION**

**The Trustees require a simple but REALISTIC income and expenditure statement to accompany all applications.**

An explanation of abnormal amounts is required together with a comment on how the applicant deals with shortfalls or surpluses.

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| --- | --- | --- | --- |
| **INCOME – Please list ALL WEEKLY income here, including pensions, benefits, allowances and work- (if some income is monthly\* please list the equivalent weekly amount)** | | | |
| **TYPE OF INCOME** | **YOU**  **£** | **YOUR PARTNER**  **£** | **OTHER MEMBERS OF THE HOUSEHOLD**  **£** |
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|  |  |  |  |
| **TOTALS** | **£** | **£** | **£** |

|  |  |
| --- | --- |
| **EXPENDITURE if some items are paid monthly\* – list the weekly equivalent**. | **WEEKLY amounts that you actually pay AFTER any benefits you receive are deducted**. |
| Food & Toiletries |  |
| Rent or Mortgage |  |
| Council Tax |  |
| Water rates |  |
| Gas |  |
| Electric |  |
| Telephone |  |
| Mobile, broadband & TV |  |
| Credit card repayments |  |
| Loan repayments |  |
| Transport costs - bus/car |  |
| Other – please specify |  |
| **TOTAL** | **£** |

**IMPORTANT – FAILURE TO COMMENT BELOW AS REQUESTED MAY CAUSE DELAY OR REJECTION. \* (For weekly equivalent of monthly income/expenditure- multiply monthly figure by 12 and divide the result by 52)**

**Please deduct total expenditure from total income and explain any unusual amounts, shortfalls or surplus here.**

***WE EXPECT PROFESSIONAL ADVISORS TO ENSURE THAT THE FINANCIAL INFORMATION IS ACCURATE AND REALISTIC.***

DECLARATION OF APPLICANT OR APPEALING ORGANISATION

You can withdraw your consent at any time. This can be done by writing to us at Mother Humber Memorial Fund, Suite 1, The Riverside Building, Livingstone Road, Hessle, HU13 0DZ. Please note that if you withdraw your consent we will be unable to consider your application any further.

Further information in respect of how we will use the personal information contained within the application are set out in our Privacy Notice, a copy of which can be viewed online via [http://www.motherhumber.org.uk/Privacy Statement New.docx,](http://www.motherhumber.org.uk/PrivacyStatementNew.docx) alternatively you can request a copy by contacting us using the contact details set out above.

I/We confirm that to the best of our knowledge the above information is correct. I/We understand that The Mother Humber Memorial Fund will not make cash available to the applicant and we undertake to use any award for the purposes stated, supply original receipts and return any surplus.

If you are signing this application on behalf of another person you warrant and represent that they have given permission for you to submit this application on their behalf and that you are acting with their full agreement.

By signing the application below and submitting your application to us you will be providing us with your explicit consent to us using the information contained within the application (including any special category personal data you provide us with pursuant to your application) and any subsequent related correspondence with you for the purposes of processing your application and assessing your suitability and eligibility for an award having regard to our relevant criteria, and discussing your application with you if necessary.

**SIGNATURE OF APPLICANT OR AGENT……………………………………………………………………………………………………………**

**Print Name and preferred pronoun / title……………………………………………………………………………………………………..**

**IF AGENT PLEASE STATE CAPACITY**……………………………………………………………………………………………………………………

(ie Adviser, Social Worker etc.)

DATE…………………………………………………………………

***BEFORE SUBMITTING THIS APPLICATION PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED (INDICATE IF NOT APPLICABLE )***

***IF THERE ARE OMISSIONS OR INACCURACIES THE TRUSTEES MAY REFUSE TO CONSIDER THE APPEAL.***

***FINALLY PLEASE RE-CHECK OUR WEB-SITE FOR ANY CHANGES – ESPECIALLY THE NEWS AND POLICY PAGE.***