

Teesside Emergency Relief Fund



Guidance Requirements

1. Each item applied for must be required for a specific need or be calculated to reduce or relieve some specific hardship or distress e.g. social or medical.
2. **All applications must be accompanied by a supporting letter detailing the applicant's circumstances. The supporting letter should be on letterhead from either the applicants Social Worker, Health Visitor, Welfare Officer, GP, Probation Officer, Local Tenancy Services Officer, Citizens Advice Bureau or a representative of any appropriate professional body.**
3. **Proof of income must be supplied by the applicant, applicant's partner &/or those receiving income on behalf of the household. Please provide photocopies of the notification of benefit, benefit books or payslip if employed.**
4. In the event of the organisation you approached in order to provide a supporting letter being unable to take responsibility for monitoring the application of any award made, please name a shop from which you would be able to purchase the items requested on the form. If any award is made, vouchers or a cheque will be issued to you from / for your chosen shop.

Restrictions:

1. To relieve rates, taxes, other public funds or payment for existing loans or debts.
2. To pay or contribute towards the cost of holidays or associated costs.
3. To pay for non-essential electrical goods such as TV's, DVD recorders, stereo equipment, IPOD's , telephones etc.
4. To pay for items such as cookers when means of cooking/heating food already exists.
5. To replace household items that could be preserved with the correct prevention and attention.
6. To replace mattresses due to bed wetting.

For office use only	Date received	Ref	Borough/Ward
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Teesside Emergency Relief Fund Application for Assistance Form

Name of Applicant	DOB / /	National Insurance No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Spouse / Partner's Name	DOB / /	National Insurance No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Do you have any dependants living with you? Name DOB / / Name DOB / / Name DOB / / Name DOB / / Name DOB / / Name DOB / / Name DOB / / Name DOB / / Name DOB / /
Post Code	
Tel. No.	
Please tick appropriate box: Council House <input type="checkbox"/> Housing Assoc <input type="checkbox"/> Private Rent <input type="checkbox"/> Hostel <input type="checkbox"/> Owner <input type="checkbox"/> Other <input type="checkbox"/>	

Income

Are you Employed / Unemployed / Retired (please circle)

Please give details of your total weekly income
Including any wage and/or benefits you receive –
please state each type of benefit individually:

	Applicant	Applicant's Partner
.....	£ <input type="text"/>	£ <input type="text"/>
.....	£ <input type="text"/>	£ <input type="text"/>
.....	£ <input type="text"/>	£ <input type="text"/>
.....	£ <input type="text"/>	£ <input type="text"/>
Total Income	£ <input type="text"/>	£ <input type="text"/>
Do you have any savings? If so, please state amount.	£ <input type="text"/>	£ <input type="text"/>

Weekly Expenditure

Please state the total weekly expenditure for the household

Rent/Mortgage etc.	£ <input type="text"/>	Telephone	£ <input type="text"/>
Council Tax	£ <input type="text"/>	Food	£ <input type="text"/>
Loans/Debts	£ <input type="text"/>	Other (please state)	£ <input type="text"/>
Gas	£ <input type="text"/>	£ <input type="text"/>
Electric	£ <input type="text"/>	£ <input type="text"/>
Water Rates	£ <input type="text"/>	£ <input type="text"/>
Total Expenditure for week	£ <input type="text"/>		

Any other relevant information

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Important Data Protection: You agree that we may process, use and record the Personal Information provided on this form for the purpose of determining your application for financial assistance. You also agree, for that purpose, that we may disclose such Personal Information to any persons employed by Tees Valley Community Foundation and those given delegated authority to support this programme and exchange any other Personal Information about you with those persons. We will not, however, disclose or exchange that information to or with any other person or organisation save and except where we are required or legally compelled to do so, where there is a duty to the public to disclose or where such disclosure is made at your request or with your consent.

I certify that the above information is correct to the best of my knowledge and consent to Tees Valley Foundation obtaining information from other agencies as necessary.

Signed Date / /

(On behalf of)

For office use only

Further information requested from:

Approved £

(tick box)

Cheque to:

VCHRS for:

Refused

(tick box)

Reason for Refusal

This form should be returned to Tees Valley Community Foundation, Wallace House, Falcon Court, Preston Farm, Stockton-on-Tees, TS18 3TX. If you require any assistance in completing this application form, please contact Tees Valley Community Foundation tel: 01642 260860.