

HEYWOOD RELIEF IN NEED TRUST FUND

NOTE FOR APPLICANTS

1. Applicants for assistance should normally be persons resident in the area of the former Borough of Heywood. At the discretion of the Trustees persons otherwise eligible but residents outside the said area or who are temporarily located within the said area may apply.
2. The Trustees may assist in the following ways:-
 - (a) to financially assist persons living in the former Borough of Heywood, who are in a condition of need, hardship or distress by making grants of money or providing or paying for items, services or facilities calculated to reduce the need, hardship or distress of such persons;
 - (b) to pay for such items, services or facilities by way of donations or subscriptions to institutions or organisations which provide or which undertake in return to provide such items, services or facilities for such person;
 - (c) in exceptional cases to grant relief to persons otherwise eligible under 1 above.
3. The application of Trust Income is subject to the following restrictions:-
 - (a) no payments can be made in relief of Council Tax, taxes or public funds (e.g. D.S.S. benefits or other statutory payments) but may be made in supplementing relief or assistance provided out of public funds;
 - (b) no payments can be made to repeat or renew the relief granted on any occasion in any case.
4. **APPLICATION FORMS SHOULD BE COMPLETED IN FULL TO AVOID ANY DELAY.**
5. Application forms should be returned to:-
Roger Ellis
Clerk to the Heywood Relief in Need Trust Fund
Committee Services Section
Legal & Democratic Services
Town Hall
Rochdale OL16 1AB
6. Any further information can be obtained from Moira Whitehead. Telephone 01706 924713 or e-mail: moira.whitehead@rochdale.gov.uk

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APPLICATION FOR ASSISTANCE

Please type or write in Black Ink

1.	YOUR NAME	2.	MARRIED/SINGLE (Delete as appropriate)
3.	YOUR ADDRESS	4.	TEL NO. (Where appropriate)
		5.	AGE
6. Please list members of your family and/or others living with you, stating ages and relationships:			
NAME		AGE	RELATIONSHIP
7. Please give information regarding you or your family that might assist your application (e.g. disability, domestic or social problems, other relevant information).			
8. What do you want a Grant for?			

APPENDIX 'A'

STATEMENT OF FAMILY INCOME AND EXPENDITURE

NOTE: PLEASE COMPLETE APPENDIX 'A' AND 'B' IN FULL. INFORMATION PROVIDED SHOULD BE ACCURATE. FAILURE TO DISCLOSE ALL INFORMATION WILL RESULT IN THE DELAY OF CONSIDERATION OF THE APPLICATION

This statement should be completed by the applicant or on his/her behalf by the person dealing with this application.

<u>EARNINGS</u>	MY INCOME £	MY PARTNER'S INCOME £
1. How much do you earn? (Please state your take home pay either full-time or part-time) (A) – Average weekly income <u>OR</u> (B) – Average monthly income		
2. What other money do you have coming in? (Please give weekly figure unless otherwise specified)		
(a) State Retirement Pension		
(b) Employers' Pension		
(c) Sickness or Invalidity Benefit (State date first received)		
(d) Unemployment Benefit (State date first received)		
(e) Income Support		
(f) Widow's Allowance/Widowed Mother's Allowance/Widow's Pension/War or Industrial Widow's Pension (State which)		
(g) Child Benefit		
(h) Family Credit		
(i) Maintenance Payments		
(j) Disabled Living Allowance/Attendance Allowance/Mobility Allowance (State which)		
(k) Charitable/Voluntary payments		
(i) Other Income or Benefits (Please state any)		
TOTAL INCOME(per week)		

3. Do you receive Housing Benefit and/or Council Tax Rebate? Please give details		
4. FAMILY EXPENDITURE Please give <u>either</u> weekly or monthly figures		
	WEEKLY £	MONTHLY £
(a) Rent		
(b) Mortgage		
(c) Council Tax		
(d) Insurance		
(e) Gas Bill		
(f) Electricity Bill		
(g) Heating if not covered by (e) and (f) above		
(h) Water Rates		
(i) Travel to work		
(j) Telephone		
(k) T.V. Rental or repayments		
(l) Social Fund repayments		
(m) Housekeeping i.e. food, clothing, etc.		
(n) Other (please state)		
TOTAL FAMILY EXPENDITURE		
PLEASE NOTE: Applicants should provide photocopies of recent bills for expenditure on gas, electricity, water rates and telephone.		

Signed:
(Applicant)

Date:

APPENDIX 'B'

**All applications should be supported by a Professional person such as a doctor, social worker or health visitor.
Comments of the person dealing with the application on behalf of the applicants. Please state clearly why you are supporting the application and sign your name thereafter and include your Agency's official stamp.
Please indicate the level of family support available and what assistance is being currently assessed for parenting courses, financial management and other sources of support.
Unless the information is supplied the application may not be considered.**

(Please use a separate sheet if required)

