



# APPLICATION FOR FINANCIAL ASSISTANCE

**BEFORE COMPLETING THE APPLICATION FORM, PLEASE READ THE NOTES BELOW CAREFULLY.**

When you have completed the application form, you should detach these notes and keep them for your reference.

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Registered Charity 1101083  
Registered in England & Wales  
Company No. 04914871

## Can we help you?

Hospitality Action is the **trade charity** for the hospitality industry and as such we can only consider applications for financial assistance from people who satisfy the following criteria:

- Worked within the **direct provision of food, drink or accommodation** in the UK. We can consider applications from people where they have been directly employed in the provision (e.g. they worked as a chef, ran a pub) or where their employers main role was the provision (e.g. we can help anyone who worked for a hotel, restaurant, pub)
- Worked during one of the following three **time frames**:
  - Currently working within the industry
  - Have worked for one continuous year in the past five years
  - Have worked for seven years in their lifetime

## Reason for application

We try to offer help in as many ways as possible but at present we **cannot** consider applications for:

- Education related costs such as private school fees, fees for educational courses, student maintenance, and Student Loan repayments.
- Most private medical treatments.
- Legal costs.
- Residential Care fee shortfalls.
- Property repairs/adaptations where equity release is a viable option (please contact the office for more details).

We also **cannot** consider a grant for an item until all statutory sources of funding have been tried.

## Supporting Documentation

[All](#) applications need to be supported in writing (on headed paper) by an independent third party who can confirm your situation and need for the help you are requesting.

What you are seeking help with will influence what type of supporting agency will need to supply this letter and what other documents are required. See below for a list of common requests - if your request is not listed please contact us so we can confirm what is required.

- **Debts** – letter will need to come from a specialist debt advisor such as the Citizens Advice Bureau, they will need to outline how the debts arose and what has now changed so that they won't arise again. We will also need to see a breakdown of your debts and what payments are being made.
- **Furniture** – the letter will need to come from an organisation that has visited you at home and can confirm your need for the requested items. We will also need a quote if you are seeking help with carpets. Don't worry about a quote for furniture as we have preferred suppliers.
- **Medical** – if you are seeking help with a piece of medical equipment or need help with your general living costs due to ill health then we will need your supporting letter to come from a medical professional who knows you and can confirm your health problems and need for the item. We will also need a quote for the item and the medical professional will need to confirm in writing that that the item detailed has been assessed as suitable to your specific needs.
- **Housing Repairs** – letter will need to come from a specialist housing organisation such as Care & Repair. They will need to explain what statutory funding is available and enclose a quote for the work.
- **Rent and/or Deposit for a tenancy** – letter will need to come from a specialist housing advisor such as Shelter or a tenancy support worker. They will need to highlight why you are not eligible for social housing and give an idea of what a suitable property will cost. If you are in receipt of Housing Benefit or Local Housing Allowance then we will require confirmation of the rate for your area and we would not normally consider a grant for more than this.
- **Funeral Costs** – we will need you to have approached the Social Fund for help first and will need to see a copy of their decision letter. We will also need a copy of the funeral directors bill.

## [We also require proof of household income and savings with all applications](#)

To confirm your income we can accept photocopies of either of the following:

- latest full month's bank statement showing your benefits/wages/pensions
- latest quarterly statement - for Post Office Direct Payment accounts

If you have any savings please also include a photocopy of the recent statement or latest page of the book if it is a book account.

## **Filling in the form**

Please complete all the sections on the form that apply to you with as much detail as you can, paying particular attention to the following sections:

### **National Insurance Number(s)**

You must provide us with your and your spouse/partner's (if applicable) National Insurance Number. If you do not know your number you will find it on:

- State Benefit letters (on the front)
- Wages slips
- Bank Statements (if you receive any State Benefits)

### **Work History**

As we are the trade charity for the hospitality industry your application for assistance is based on your/your spouse/partner's work within our industry. Please complete this section of the form with as much detail as possible.

We will also need [proof of your work history](#) within the hospitality industry so please send in copies of any documents you have such as old payslips (providing they contain the name of the company you worked for), references, letters from previous employers, photographs of you at work. If you do not have any documents of this type please contact us and we can discuss other options.

### **Reason for Application**

Please provide us with as much information as possible about your circumstances and what help you are seeking. It would also be helpful if you could outline how this help would improve your situation and what changes you have made so that the situation does not occur again.

### **Reimbursement**

Please note that we cannot consider reimbursement for an item you have already purchased. If this applies to you please contact us to discuss the situation before completing the application form.

### **Payee Details & Quotes**

Please note that we are unable to make grants payable to an individual. We always make payment directly to the company where the item is being purchased or to a responsible organisation (i.e. Social Services), who is able to administer the grant on our behalf. We usually require quotes for the cost of the item you are requesting help with. However, if you are seeking help with electrical items or furniture then we would normally offer a grant via our preferred suppliers Comet and Argos and so do not require quotes.

### **Declaration Statement**

Please read this section of the form carefully then [sign and date it](#). We cannot process your application if you (and your spouse/partner where applicable) do not sign this section.

## **Application Process**

- Completed application forms are checked through by our caseworkers within a couple of days of their arrival. If there is any information missing or we have any queries we will contact the supporting agency or the applicant directly depending on the nature of the query.
- Once we have all the information we require the application will be presented for consideration. This usually takes 2 weeks from the point where we have received all the information, though it can take longer.
- Written notification of our decision will be sent out. If we cannot help with your request we will explain why.

## **Applying Again**

- If you have previously received financial support from Hospitality Action then we cannot usually consider a further grant for a year from the date of your previous grant notification letter.
- If a previous request for assistance was refused please contact us before applying again and we will confirm if your request can now be considered.
- If you are seeking help with something that we have previously contributed to you will need to explain what has happened to the original item or why you need this help again.
- If we have previously helped with debts it is very unlikely that we will be able to help with them again. If this applies to you please contact us to discuss the situation before completing the application form.

### **PLEASE NOTE**

**It will slow down your application if you return an incomplete form or do not send in the supporting documentation required. At the very least all applications will require a supporting letter from an independent third party and proof of income.**

**If you have any questions about any part of this form or what we require please don't hesitate to get in touch on 020 3004 5500.**

# 1. Personal Details

Married  Living with Partner  Single  Separated  Divorced  Widowed

## **Applicant**

National Insurance Number									

Mr/Mrs/Miss/Ms
Surname:
Christian/First Name:
Date of Birth:
*Place of Birth:
*Religion:
*Ethnic Origin:

## **Spouse/partner**

National Insurance Number									

Mr/Mrs/Miss/Ms
Surname:
Christian/First Name:
Date of Birth:
*Place of Birth:
*Religion:
*Ethnic Origin:

\* Giving this information is optional, but it may help us to suggest other sources of funding

Address          Postcode	Telephone Number (s)       E-Mail:
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### **Number of Children (please include any from previous relationships)**

Adult:	Dependant:
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## 2. People Living With You (including children)

Name	Date Of Birth	Relationship	Occupation	Weekly Net Income/State Benefits	Weekly Financial Contribution

### 3. Weekly Income

If you are unable to provide weekly figures, please indicate whether the amounts stated are on a monthly or annual basis. Please state the income of **all persons** in the household.

	Applicant	Partner	Other _____
Wages (Net)			
State Retirement Pension			
Work Pension(s)			
Personal Pension(s)			
Statutory Sick Pay			
Company Sick Pay			
Maternity Pay – Company/Statutory			
Income Support/Pension Credit (Including any Savings Credit)			
Job Seekers Allowance/Employment Support Allowance			
Incapacity Benefit/ Employment Support Allowance			
Carer's Allowance			
Disability Living Allowance – Mobility Component			
Disability Living Allowance – Care Component			
Attendance Allowance			
Industrial Injuries Benefit			
Severe Disablement Allowance			
Working Tax Credit/Disabled Persons Tax Credit			
Child Tax Credit			
Child Benefit			
Maintenance From Ex-Spouse/Partner			
Income from Other Charities (Please Name)			
Any Other Income (Please Specify)			
<b>Total Weekly Income</b>			

#### Do you receive any of the following?

	YES	NO
Housing Benefit		
Income Support Mortgage Interest Payment		
Council Tax Benefit		
Local Housing Allowance		
If <b>Yes</b> : How much is your rent?	£	
How much is your LHA?	£	

**Are you awaiting the outcome of any State Benefit applications? YES/NO**

If yes, which ones \_\_\_\_\_

### 4. Capital/Investments

How much money do you or your partner have in:

BANK CURRENT ACCOUNT	£	DEPOSIT ACCOUNTS	£
BUILDING SOCIETY	£	PREMIUM BONDS	£
BONDS	£	STOCKS/SHARES (current value)	£
PEPS/TESSAS/ISAS	£	OTHER INVESTMENTS	£

## **5. Weekly Expenditure**

If you are unable to provide weekly figures, please indicate whether amounts stated are on a monthly or annual basis.

<b>Expenditure</b>	<b>Amount</b>
Mortgage after Mortgage Interest Payment (what you pay)	
Rent after Housing Benefit (what you pay)	
Council Tax after Council Tax Benefit (what you pay)	
Water/Sewage	
Gas	
Electricity	
Other Fuel (Please Specify)	
Food (for how many)	
Cleaning Materials/General Household Items	
Domestic Help/Window Cleaner/Gardener	
House Contents/Building Insurance	
Telephone	
TV Licence/Rental	
Newspapers, Magazines, Books	
Outings/Day-Centre /Club	
Toiletries/Cosmetics	
Haircuts	
Glasses/Dental Treatment	
Clothing	
Life Insurance	
Travel Fares	
Car Running Costs (petrol, insurance, tax, repairs)	
Care Costs	
Special Diet	
Childcare Costs	
Pets	
Medical/Incontinence Items	
Other (Please Specify)	
<b>Total Weekly Expenditure</b>	

## 6. Debts

Please include all debts **except** your mortgage, e.g. HP, loans, Social Fund, Arrears (such as rent, Council Tax, water, fuel), credit cards.

Purpose of Loan/ type of arrears	Name of lender/creditor	Date taken out/incurred	Original amount	Outstanding amount	Weekly repayment

## 7. Accommodation

**Do you own the property you live in?**

**YES/NO**

If yes please answer the following

House       Bungalow       Flat       Other \_\_\_\_\_

Is It Jointly Owned?	Approximate Value:
Number Of Bedrooms:	Amount Of Mortgage:
Date Of Purchase:	Remaining Length Of Mortgage:

**Do you live in Rented Accommodation?**

**YES/NO**

If Yes is it:

Council Owned       Housing Association       Private Landlord       Other \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Do you live in Sheltered Accommodation?

YES/NO

Do you live in a Residential/Nursing Home?

YES/NO



## 8. Employment Record in the Hospitality Industry

Please continue on another sheet if there is not enough space.

Name of Company	Location (town and county)	Your job	Dates worked		Number of Hours worked/ week
			From (Month & Year)	To (Month & Year)	

**Please enclose copies of any payslips, pension slips, letters, or other documents that you have, as proof of having worked in the industry.**

If you do not have any documents of this type please contact us to discuss other options.

## 9. Employment in Other Industries (Including spouse/partner)

Please complete this section, as we may be able to suggest other relevant trade charities that can also help. Please indicate whether it is your partner's or own work details in each case

Type Of Work	No. Of Years Worked

## 10. Armed Forces Service

Did you or your spouse/partner ever serve in any of HM Forces?                      YES/NO

If yes please supply the following:

Branch:	Service Number:
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## **11. Emergency Contact Details**

Please give the name of a relative, friend or other person whom we could contact if necessary.

NAME
ADDRESS
TELEPHONE NO.
RELATIONSHIP

## **12. Social Fund**

**Do you have a current Social Fund Loan?** YES/NO

If yes:

- What was it for? \_\_\_\_\_
- Is it being deducted from your benefits? YES/NO
  - If yes at what rate? \_\_\_\_\_

**Have you applied to the Social Fund for help with the item(s) you are requesting?** YES/NO

If so what was the response?

## **13. Reason For Application**

Please let us know why you are making this application and how you think Hospitality Action can assist.

Please also state the cost of item(s) requested, enclosing any estimates. **Please continue on a separate sheet if necessary.**

## **14. Other Charities**

Please state any other charities you have applied to and their response

CHARITY	RESPONSE

## **15. Family Contribution**

Are you or your family able to make a contribution? YES/NO

If yes please state amount £ \_\_\_\_\_

## **16. Grant Payee Details**

If a grant is agreed for a specific item, to whom should we make it payable? N.B. we always pay cheques directly to the company where the item is being purchased or to a responsible organisation (i.e. Social Services), who is able to administer the grant on our behalf.

## **17. Who Told You About Us?**

Who told you about us? \_\_\_\_\_

## **18. Declaration Statement**

**Please read this section carefully and sign at the bottom to confirm you agree with ALL of the below statements.**

I/we the undersigned, declare that all the particulars in this form are correct and that I/we have made a full disclosure of my/our income, capital, and investments.

I/we understand that any false or undisclosed information could result in the withdrawal or repayment of any grant that Hospitality Action may award.

I/we will undertake to inform Hospitality Action of any changes in our circumstances that take place during the application process.

I/we understand that Hospitality Action may confer with other charities/bodies regarding my/our application.

I/we understand that the information on this form will be kept on a computer database as well as in a paper file. I consent to the collection, processing and dissemination of this information by Hospitality Action in line with the regulations laid down in the Data Protection Act 1998.



Applicant's Signature ..... Spouse/Partner's Signature.....

Name (Block Caps) ..... Name (Block Caps) .....

Address .....

Date .....