

PRIVATE AND CONFIDENTIAL

Cost of Living Crisis Fund – Application Form

Grants from the Cost of Living Crisis Fund are capped at £250 per household in a year period. Additional funding may be available from other schemes where appropriate.

All applicants must satisfy the following criteria:

- live in the UK
- work or have worked directly in sales/circulation/distribution of newspapers and magazines for a minimum of 2 years, full time
- have less than £6000 in household savings
- be in receipt of at least one of the following benefits
 - ✓ Universal Credit
 - ✓ Child Tax Credit
 - ✓ Working Tax Credit
 - ✓ Employment & Support Allowance
 - ✓ Income-based Jobseeker's Allowance
 - ✓ Income Related Employment Support Allowance
 - ✓ Income Support
 - ✓ Housing Benefit
 - ✓ Pension Credit

PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS OF THIS FORM, FAILURE TO DO SO COULD CAUSE DELAYS TO YOUR APPLICATION

1. Personal Details

Title: (Mr/Mrs/Ms/Miss/Other) _____

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Email Address: _____

Tel No: Mobile: _____

Landline: _____

Please note, by submitting this form, you are consenting to us making contact with you by email, phone and post.

Marital Status:

Single Separated Divorced Widowed Married Partner Civil Partnership

Spouse/Partner First Name: _____ Last Name: _____

Spouse/Partner Date of Birth: _____ Are they resident at the above address: Yes No

If you are cohabiting with a partner/spouse you will be assessed as a couple. To confirm that your partner/spouse is aware of this application and is willing to disclose full personal and financial details, please tick this box:

Please note that without this consent we will not be able to process your joint application.

Next of Kin

Please give the name and address of your Next of Kin. Please note if this is your partner as previously detailed, an alternative contact is required here.

Name: _____

Address: _____

Tel No: _____ Relationship to you: _____

If you do not want us to contact your next of kin in the event that we are unable to contact you, please tick this box.

How did you hear about NewstrAid?: _____

2. Newstrade Connection

What sector of the newstrade did you or your spouse/partner work in? Please select more than one option if applicable.

Publishing Wholesale Retail Other (please give details) _____

Please complete this section if you or your spouse/partner were employed in one of the above sectors.

Name & Address of Employer: _____

Job Description: _____

Employed from: _____ to _____ Did you work: Full Time Part Time

Please complete this section if you or your spouse/partner were a self-employed Newsagent or Street Seller:

Name & Address of Business Premises/News Stand: _____

Wholesale Supplier's Name & Address: _____

Customer No: _____

Do we have your consent to confirm this account with your wholesaler? Yes No

Trading commenced from: _____ to _____

Why did you cease trading? _____

3. Accommodation Details

Accommodation Type: (Please select)

Please tick what applies: House Flat Bungalow

Is your home: Detached Semi Detached Terraced

Owner status: (Please select)

Own Home Rented Local Authority Housing Association Rented Private Sheltered

Living with family or a friend

If you are a homeowner, is there a mortgage and/or secured loan currently in place?

Please tick what applies to you: Mortgage Secured Loan

Is anyone else resident at this address (including children under 18)

Name:	Relationship to Applicant:	Date of Birth:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Do any of the above make a financial contribution to the household costs? Yes No

If yes, how much per week? _____

4. Health

Please give details of any illnesses, injuries or disabilities that affect any member of your household. Include issues relating to anyone for whom you or your spouse/partner has a caring responsibility. If you need more space, please use the additional information section on page 5.

5. Financial Details

You or your spouse/partner must be in receipt of one of the following benefits to qualify for a grant. Please select what currently applies to your household.

- | | |
|--|--|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Income Related Employment Support Allowance |
| <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Employment & Support Allowance | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Income Based Jobseekers Allowance | |

If you want to apply for additional funding from other schemes and qualify, you will be asked to provide further information regarding your income and expenditure on an additional sheet. The Welfare Department will supply you with this.

Important: Please submit confirmation of state benefits awarded, eg a recent payment letter, an online statement or a recent bank statement showing evidence of payment. Failure to do so will delay your application.

Savings & Capital

Households with a total of more than £6,000 held jointly in savings and current accounts will not qualify for funding. If you are a couple and run separate accounts, we need to assess the balance of each individual account. Please provide details of all bank accounts below:

Account Name: _____

Bank name & Account No: _____

Balance: _____

Account Name: _____

Bank name & Account No: _____

Balance: _____

Account Name: _____

Bank name & Account No: _____

Balance: _____

6. Additional Information

Please tell us briefly how the Cost of Living Crisis has affected you and what you would like help with. Remember to include any specific needs or challenges your household is currently facing.

7. Other Welfare Services

NewstrAid can provide a wide range of financial help, emotional support and practical advice. Please tick the relevant box if you would like to receive information on any of the following welfare services:

- Wellbeing Suite – Online resources and a free helpline to support emotional wellbeing
- Debt & Budgeting Advice State Benefits Advice Other Advice and Signposting

Would you like to receive our bi-monthly e-newsletter via email? Yes No
(If yes, please ensure you have included your email address on p1)

8. Ethnicity

To inform and improve our service it would help us to know your ethnic group. We will keep this information confidential and it will not be used to determine the outcome of your application. You may choose not to answer this question.

Choose **ONE** section from **A** to **D** and fill in the appropriate box that best describes your ethnic group or background.

A. White/Mixed/Multiple ethnic groups

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please describe below)
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background (please describe below):
-

B. Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please describe below):
-

C. Black/ African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background (please describe below):
-

D. Other ethnic group

- Arab
- Any other ethnic group (please describe below):
-

9. Payment Details

In the event of an award, payment is made via a direct transfer into your account. Please provide bank details below:

Name of Bank/Building Society:

Sort Code (6 Digits):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch:

Account Number (8 Digits):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Payee Name:

Roll Number (Building Societies Only):

NB. Bank details are kept solely for the purpose of processing payments.

10. Declaration and Consent

I agree that all the information provided in the application form is true and correct and full disclosure of all income, capital, savings and investments have been made in line with the requirement of the application form. I will inform NewstrAid of any change in circumstances that I may have during the application process.

The information on this form and any attachments being held in the Charity's database are for the sole use of the Charity's records, to process this and any future applications. I confirm that everyone whose details are included on this form have read, understood and agreed to the above declarations.

I understand that any misrepresentation may result in my application being rejected, void and/or benefits suspended. Please note we require your consent to contact your previous employers, other charities and wholesalers to both confirm your previous employment, trade connection and previous and current assistance being received. By signing this form, you give that consent.

NewstrAid is committed to ensuring that we handle all data we hold about you, in a safe and responsible manner and in compliance with the Data Protection Act 2018. Your details will only be shared with our Welfare Committee, your almoner, other charities/agencies in order that we may try to obtain help on your behalf and suppliers where a specific grant is awarded. Full details of our Privacy Policy and Data Protection policy can be found at www.newstraid.org.uk

(please tick) I have read and agree with the above.

Name (Block capitals):

Signature:

Date:

Spouse/Partner Name (Block capitals):

Signature:

Date:
