

**PRIVATE AND CONFIDENTIAL**  
**PLEASE COMPLETE IN BLOCK LETTERS**

## General Hardship Fund – Application Form

Grants from the General Hardship 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 newspaper or magazine retail, wholesale or distribution for a minimum of 2 years
- have less than £6000 in household savings
- be in receipt of at least one of the following benefits
  - ✓ Universal Credit
  - ✓ Employment & Support Allowance
  - ✓ Income-based Jobseeker's Allowance
  - ✓ Income Related Employment Support Allowance
  - ✓ 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: \_\_\_\_\_

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

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.

Distribution/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"/> Employment & Support Allowance    | <input type="checkbox"/> Housing Benefit                             |
| <input type="checkbox"/> Income Based Jobseekers Allowance | <input type="checkbox"/> Pension Credit                              |

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 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:

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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:

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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:

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Roll Number (Building Societies Only):

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

## 10. Declarations

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 has been made. I will inform NewstrAid of any change in circumstances that I may have during the application process. I agree to the information on this form and any attachments being held in the Charity's database 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.

NewstrAid is committed to ensuring that we handle all data which we hold about you, in a safe and responsible manner and in compliance with the Data Protection Act 2018. Your details will be shared only with the Welfare Committee and, if necessary, at any time, other charities. Our full Privacy Policy can be found on our website [www.newstraid.org.uk](http://www.newstraid.org.uk). Please refer to this policy for further details.

I agree  Yes  No

***Please make sure you have agreed to the declarations above by ticking the box and if posting the form by signing. We are unable to process your application unless this is done.***

Name (Block capitals):

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Signature:

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Date:

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Spouse/Partner Name (Block capitals):

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Signature:

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Date:

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