

PRIVATE AND CONFIDENTIAL

GroceryAid, 2 Lakeside Business Park,
Swan Lane, Sandhurst, Berkshire, GU47 9DN
t. 01252 875925 – press 1 for Welfare
w. www.groceryaid.org.uk
e. welfare@groceryaid.org.uk

GroceryAid[®]
From factory to store we're your charity



Application for Assistance

Title (Mr/Mrs/Ms/Miss/other) _____

First Name _____ **Last Name** _____

Date of Birth _____ **Gender** _____

Address _____

Postcode _____ **Email Address** _____

Landline _____ **Mobile** _____

We may need to be in touch about your application. Please give us permission to contact you by (please tick all that apply)

☐ Email ☐ Phone ☐ Letter

Marital Status (please select)

☐ Married ☐ Divorced ☐ Partner ☐ Separated ☐ Single ☐ Widowed

First Name of Spouse/Partner _____ **Last name** _____

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

If you believe your partner may also be eligible for support from GroceryAid please ask them to complete an Application for Assistance form in their name.

Accommodation type (please select)

☐ Own home ☐ Rented Local Authority/Housing Association ☐ Rented Private ☐ Residential/Nursing Home
☐ Sheltered Housing

Is anyone else resident at this address (including children under 18) if so please enter their details below:

Name: _____ Relationship to applicant _____ Date of Birth _____

Name: _____ Relationship to applicant _____ Date of Birth _____

Name: _____ Relationship to applicant _____ Date of Birth _____

Name: _____ Relationship to applicant _____ Date of Birth _____

Name: _____ Relationship to applicant _____ Date of Birth _____

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

If yes how much per week £ _____

How did you hear about GroceryAid? _____

Please give details of any other charities approached for assistance?

Reason for Applying to GroceryAid

Please tell us briefly the reason for your application and how you would like GroceryAid to help. Please include information about the current state of health in your household and let us know about any illness or injury.

Employment details

If you are unsure on exact dates please show the month/year you were employed.

Yourself						
Name of company	Type of company	From	Until	Job title	Years	Current

Please enclose supporting information to evidence each year of your grocery service. This could be in the form of P60's for each year, employment documents or a letter from your employer confirming start and end dates. If you are unable to provide us with this information we can do an HM Revenue and Customs employment check, please complete the permission form below. GroceryAid rely on HMRC to provide your employment check and this is likely to delay your application.

HMRC Form of Authority – to be completed in full

I would like to request an Employment History Check, under the terms of the EU General Data Protection Regulation, 2018, to include details of my Employers and years I was employed. It will also show my personal details. I agree that HM Revenue and Customs may give information to, and talk to GroceryAid, 2 Lakeside Business Park, Sandhurst, Berkshire, GU47 9DN.

I authorise HM Revenue & Customs to release the above, directly to the third party, GroceryAid. In signing this form I understand what information has been requested and will be provided to the third party.

Title (Mr/Mrs/Ms/Miss/other)

First Name _____ **Last Name** _____

Date of Birth _____ **National Insurance Number** _____

Any Previous Name used: _____

Current Address: _____

Previous Address: _____

Signature: _____ **Date:** _____

Financial Section

Please send copies of your last three months bank statements for you and your partner's accounts and if applicable your Department of Work and Pensions statement or a copy of your Universal Credit statement to verify your income and expenditure.

We use a calculation to cover outgoings such as food, clothing and travel so you do not need to enter these costs.

Weekly Income	Self £	Partner £
Employment (net figure after tax)		
State Retirement Pension		
Occupational Pension		
Widow's Pension/Bereavement Benefits		
Pension Credit Guarantee		
Pension Savings Credit		
Carers Allowance		
Employment Support Allowance (ESA) or (JSA)		
Universal Credit (please provide online statement to show breakdown)		
Working Tax Credit		
Industrial Injuries Disablement		
Child Maintenance		
Full Income from relatives/other charities		
Income Total		

Disregarded Income	Self £	Partner £
Severe Disablement Premium - Care Premium*		
War Pension/War Widows Pension		
Child Benefit		
Attendance Allowance		
Disability Living Allowance - Living <input type="checkbox"/> standard <input type="checkbox"/> enhanced		
Disability Living Allowance - Mobility <input type="checkbox"/> standard <input type="checkbox"/> enhanced		
Personal Independence Payments - Living <input type="checkbox"/> standard <input type="checkbox"/> enhanced		
Personal Independence Payments - Mobility <input type="checkbox"/> standard <input type="checkbox"/> enhanced		
Child Tax Credit / Universal Credit Child Element		
Disregarded Income Total		

Weekly Expenditure	Savings (include all savings for both people when living as a couple)
Mortgage Repayments	Total in Current accounts (Complete total for all accounts)
Rent (or net amount paid after Housing Benefit)	Total in Savings accounts (Complete total for all accounts)
Child Benefit (or net amount paid after Council Tax Benefit)	Premium Bonds/Shares/ISA (Complete total for all accounts)
Total	Total

Debts – please list the name and total on debts owed:

If you have taken debt advice, please enclose a copy of your full report and recommendations with this application. GroceryAid can offer you free, impartial debt and budgeting advice with StepChange through our Helpline free on 08088 021122

Permissions

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 form. You may choose not to answer the below question.

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

A. White	B. Mixed	C. Asian or Asian British	D. Black or Black British	E. Chinese or other ethnic group
<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistan	<input type="checkbox"/> African	<input type="checkbox"/> Other
	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other	
	<input type="checkbox"/> Other	<input type="checkbox"/> Other		

Ethnic Other _____

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 GroceryAid 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. We are committed to ensuring that we handle all data which we hold about you, in a safe and responsible manner and in accordance with the EU General Data Protection Regulation, 2018. Our full privacy policy can be found on our website www.groceryaid.org.uk. Please refer to this policy for further details.

I confirm that everyone whose details are included on this form have read, understood and agreed to the above declarations.

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.

Your signature _____ **Date** _____

Notes for Agencies only - Application being submitted through an agency/welfare organisation.

This form must be signed by the applicant. Please complete the section below and a covering letter to help us process the application.

We will communicate directly with the applicant unless your support is needed. We will notify you when a final decision is made. A copy of our final decision will be sent to you as the referral agency.

If more than one person in the household may be eligible through their grocery employment, please complete a separate application form in each name.

Name of Organisation _____

Contact _____ **Position** _____

Address _____

_____ **Postcode** _____

Tel number _____ **Email** _____