

**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](http://www.groceryaid.org.uk)  
e. [applications@groceryaid.org.uk](mailto:applications@groceryaid.org.uk)

## Application for Assistance

**Title** (Mr/Mrs/Ms/Miss/other) \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **National Insurance Number** \_\_\_\_\_

**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

**Marital Status** (please select)

☐ Single ☐ Living with Partner ☐ Married/Civil Partnership ☐ Divorced ☐ Separated ☐ Widowed

**First Name of Spouse/Partner** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Spouse/Partner Date of Birth** \_\_\_\_\_ **Are you living as a couple?** ☐ 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)

☐ Living with parents/family ☐ Rented private ☐ House share/lodging ☐ Rented LA/Housing Association  
☐ Shared ownership ☐ Own home ☐ Other no rent paid ☐ Sheltered accommodation  
☐ Sofa surfing ☐ Rough sleeping ☐ Temporary accommodation/hostel

**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 \_\_\_\_\_

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

If yes how much per week £ \_\_\_\_\_

## Employment

If you are unsure on exact dates, please show the month/year you were employed. If you are no longer employed, please also confirm your reason for leaving.

| Name of Employer | Job Role | Date From<br>(DD/MM/YY) | Date To<br>(DD/MM/YY) | Current (Y/N) |
|------------------|----------|-------------------------|-----------------------|---------------|
|                  |          |                         |                       |               |
|                  |          |                         |                       |               |
|                  |          |                         |                       |               |
|                  |          |                         |                       |               |

We will need you to provide evidence of your employment. If you are **currently employed**, please provide your last six months of payslips (if paid weekly, one for each month including your most recent) or your last P60 and most recent payslip. If you are **no longer employed**, you will need to evidence that your last job was within grocery and that you were employed for a minimum of five years. To do so, you will need an HMRC report to apply.

### Requesting an HMRC report

The quickest way to get an HMRC report is to log into your HMRC app. However, this will only be able to provide up to approximately 5 years (most recent) employment history with all identifiers. For anything outside of this period, you will need to contact the HMRC directly to request your employment history. Please be aware this may take up to six weeks.

In addition, if your report contains any agency work in grocery you will need to request evidence from the agency that this work was in grocery.

## Reason for Applying to GroceryAid

If you are applying for help with priority debts, please list the name and total of debts owed. If you have taken debt advice, please enclose a copy of your full report and recommendations with this application.

## Financials

We will need to see statements for all current and savings accounts held in your name for the last three months. If you're living with a partner, we need to see their bank statements too.

These should show all your household income, savings and expenditure including, salary, benefits, rent or mortgage, council tax and utility bills. If applicable, please also provide a copy of your Universal Credit statement.

Please tick which are appropriate to you and your partner. We use a calculation to cover outgoings such as food, clothing and travel so you do not need to disclose these costs.

| Household Income                                                 | Self      | Partner               |
|------------------------------------------------------------------|-----------|-----------------------|
| Employment (Salary)                                              |           |                       |
| State Pension                                                    |           |                       |
| Occupational Pension                                             |           |                       |
| Income from relatives/other charities                            |           |                       |
| Other (please confirm)                                           |           |                       |
| Household Benefits                                               | Self      | Other (Partner/Child) |
| Employment Support Allowance (ESA) or (JSA)                      |           |                       |
| Universal Credit (please provide statement to show breakdown)    |           |                       |
| Child Benefit                                                    |           |                       |
| Carer's Allowance                                                |           |                       |
| Adult or Child Disability Payments                               |           |                       |
| Pension Credit or Pension Savings Guarantee                      |           |                       |
| Other (please confirm)                                           |           |                       |
| Household Expenditure<br>(Payments that you are responsible for) | Household |                       |
| Rent                                                             |           |                       |
| Mortgage                                                         |           |                       |
| Council Tax                                                      |           |                       |
| Household Balances                                               | Self      | Partner               |
| Total in <b>all</b> current accounts                             |           |                       |
| Total in <b>all</b> savings accounts                             |           |                       |
| Total in <b>all</b> savings accounts for children under 18       |           |                       |
| Premium Bonds/Shares/ISA                                         |           |                       |

How did you hear about GroceryAid? \_\_\_\_\_

Please give details of any other charities approached for assistance \_\_\_\_\_

## Permissions

To inform and improve our service it would help us to know your ethnic group and gender. This information will only be used for diversity and equality monitoring purposes and will not be used to determine the outcome of your application. If you don't want to share this information, you can tick 'Prefer not to say'.

Choose **ONE** that best describes your ethnic group or background.

- |                                            |                                                       |                                                                |
|--------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Arab              | <input type="checkbox"/> Asian/Asian British          | <input type="checkbox"/> Black/African/Caribbean/Black British |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Mixed/Multiple ethnic groups | <input type="checkbox"/> White/White British                   |
| <input type="checkbox"/> Prefer not to say |                                                       |                                                                |

Choose **ONE** that best describes your gender.

- |                                             |                                           |                                            |
|---------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Female             | <input type="checkbox"/> Male             | <input type="checkbox"/> Non-binary        |
| <input type="checkbox"/> Transgender female | <input type="checkbox"/> Transgender male | <input type="checkbox"/> Prefer not to say |

## Declarations

- I confirm that I and any other members of my household included on this application have read the Charity's Privacy Policy, which is available on the GroceryAid website, and agreed to provide personal and financial information requested including partner/spouse bank statements where applicable.
- I confirm that I/they give our fully informed consent for GroceryAid to collect and hold personal data about us including financial information during the application process for the sole purpose of assessing my eligibility for a grant
- I agree that all the information provided in the application form is true and correct and full disclosure of all income, savings and investments has been made. I will inform GroceryAid of any change in circumstances that I may have during the application process.
- I confirm that I have provided evidence of my employment, all household finances and reason for application. I understand that if I have not provided all bank statements as part of my application then they will be requested. If I do not provide them on request, then my application will be closed.

I agree ☐ Yes ☐ No

*Please make sure you have agreed to the declarations above by ticking and 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 provide a covering letter to help us process the application. You can also include a copy of your permission form/letter signed by the applicant.

We will communicate directly with the applicant unless your support is needed.

Name of Organisation \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel number \_\_\_\_\_ Email \_\_\_\_\_