

**APPLICATION FORM FOR FINANCIAL ASSISTANCE – Private and Confidential**

If you would like to talk to someone before making your application, please contact Jo Goga, our Welfare Officer on 07366 568458 or 020 7562 8528.

**PLEASE COMPLETE ALL SECTIONS IN FULL AS CLEARLY AS YOU CAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: | | | | |
| Date of birth: | | National Insurance Number: | | |
| Full Address: | | | | |
| Marital status: | | Partner’s full name: Date of birth: | | |
| Daytime contact number: | | Email: | | |
| Mobile number: | | Have you applied for a grant from us before? Y/N | | |
| Please give details below of your complete employment history in the Furniture Industry: | | | | |
| Full name and address of employer | Job Title | | **From date** | **To date** |
|  |  | |  |  |

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| --- | --- | --- |
| Have you applied to any other charities? Yes/No  If yes, please give details below | | |
| Organisation applied to | Application status | Amount awarded |
|  |  |  |
| How did you hear about The Furniture Makers’ Company? | | |
| Housing Status | | |
| Do you rent your property? Council/Social Housing/Private Landlord | | |
| Do you own your property? | | |
| Current valuation of the property (if owned) | | |
| Outstanding mortgage | | |
| Who lives with you? Names, relationships, ages | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total amount of savings held by members of your household (if none, please write none) | | | | | |
| Current Account(s) | £ | | Building Society | | £ |
| Bonds | £ | | PEPS/ISAs | | £ |
| Premium Bonds | £ | | Stocks & Shares | | £ |
| National Savings | £ | | Other | | £ |
| If you have any debts, please list these below (including any amounts owing for household bills and credit cards) | | | | | |
| **Creditor** | | **Monthly repayments** | | **Current balance outstanding** | |
|  | |  | |  | |

Have you, or are you, applying for a Bankruptcy or Debt Relief Order? YES/NO

**Monthly Income and Expenditure for the whole household**

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| --- | --- | --- | --- |
| Income | Monthly amount | **Expenditure** | Monthly amount |
| Salary (Net) |  | Mortgage |  |
| Partner’s Salary (Net) |  | Rent |  |
| Working Tax Credit |  | Council Tax  (after benefit) |  |
| Child Tax Credit |  | Water |  |
| Child Benefit |  | Ground rent/Service Charge |  |
| Sick Pay (Statutory/Company) |  | Gas |  |
| Maternity/Paternity Pay |  | Electricity |  |
| Universal Credit |  | Telephone |  |
| Job Seekers Allowance |  | Television Licence |  |
| Employment Support Allowance (ESA) |  | Insurances |  |
| Carer’s Allowance |  | Travel costs |  |
| DLA/PIP Care |  | Food / housekeeping |  |
| DLA/PIP Mobility |  | Clothing |  |
| Attendance Allowance |  | Childcare |  |
| Industrial Injuries Benefit |  | Child maintenance |  |
| Income Support |  | Care costs |  |
| State Retirement Pension |  | Medical Expenses |  |
| Other Pension(s) |  | Hairdresser/Gardener/  Window Cleaner etc. |  |
| Pension Credit |  | House Maintenance |  |
| Child Maintenance |  | Meals on Wheels |  |
| Income from charities |  | Alarm Care Line |  |
| Housing Benefit |  | Outings/Days Out |  |
| Other income (specify) |  | Pets |  |
|  |  | Other (specify) |  |

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| **Please use this page to tell us about your current difficulties, why you are making this application and what help you would like us to consider. If you are facing an immediate crisis then please describe the situation and how long you consider the crisis to last for? E.g. awaiting Welfare Benefits assessment/accident/ongoing health condition etc. If you are applying for assistance with a particular bill or payment, please attach it to this request and if you are requesting a household item please give as much detail as possible of what you need:** |

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| **Declaration**  I declare that the information I have given on this form is correct and complete.  I understand that you will use the information I have provided to process my application for assistance. Please read the Privacy Notice below, which explains how we will use the information you have supplied.  **Applicant’s signature………………………………………..…Date…………………………………………**  **Partner’s signature………………………………………….…..Date…………………………………………**  **Please note:** we require that you or your partner have at least two years’ employment service within the UK furnishing industry to be eligible for financial assistance.  **Privacy Notice**  When you apply to the Furniture Makers’ Company for assistance, we ask for your personal details and details of your financial circumstances, in order to fully understand your situation and so that we can make a decision about how we can best assist you.    We will store the information you provide on our computer database and in our filing systems, in order to process your application, and record the outcome. Unless you ask us not to do so, we will retain this information, so that, should you apply to us for help in the future, we have a record of your past application(s).  Under General Data Protection regulations, we have assessed that we have a legitimate interest in processing the personal data you have provided, because without doing so, we would not be able to deal with your application for assistance.  We will keep your information confidentially and securely within our organisation, except that:   * Where attempted fraudulent applications suspected, applicant details will be checked, and if found to be false, will be immediately refused. Applicant details will be passed to Action Fraud and passed to Police Intelligence Bureau for further investigations and possible prosecution. * Where we have agreed to supply you with goods that you have requested, such as cooker, fridge, furniture etc., we will give your contact details to the company supplying the goods, in order that they can make a delivery to you. * Where you have requested financial assistance to pay a bill, we may contact that company, giving your contact details and reference, in order to find out the payment details we need, to make the payment. * Where you have told us that you have applied to another organisation for assistance, we may contact that organisation to request details of any help that they have agreed to provide. Where we think that you may be eligible to apply to another charity or organisation, we will advise you of this.   You have the right to request a copy of the data we are holding about you or to request us to delete any data. |

**Please return your completed application form with a recent bank statement and supporting documentation either by email (either address below) or post to:**

**Welfare Officer**

**The Furniture Makers’ Company**

**Furniture Makers’ Hall**

**12 Austin Friars**

**London EC2N 2HE**

[**welfareofficer@furnituremakers.org.uk**](mailto:welfareofficer@furnituremakers.org.uk)

**Jo@furnituremakers.org.uk**

The Worshipful Company of Furniture Makers is incorporated by Royal Charter (Company Number RC000866).

The Worshipful Company of Furniture Makers’ Charitable Funds incorporating the Furnishing Trades Benevolent Association (Charity Number 1015519). The Furniture Makers’ Company Limited (Charity Number 1118569).