Age UK Barnet Household Support Fund Self-Referral Application Form &

* Required Consent The Household Support Fund is intended to help those experiencing financial pressure afford essentials, such as food, utilities, and white goods. This is primarily provided through vouchers for major retailers or your energy company. To assess your application, we will need to ask you a few questions. Please proceed and fill out the questions on this and the following three pages. Please make sure to complete all questions marked as 'essential' or with an asterisk (*). 1. I give consent for Age UK Barnet (AUB) to hold personal information about me and my case in their filing records and computer database system. The General Data Protection Regulation 2018 (GDPR) states that we must obtain your explicit consent to do this. Everything you tell us will be treated in confidence and only shared with relevant people/services involved in dealing with your matters. * I agree I disagree 2. I am filling out this application... * For myself For someone else 3. Please state your preferred language. * 4. Communication Needs ${\it Please provide more information if you have any communication problems related to sensory impairments}$ (including speech, hearing and visual impairments etc) and/or cognitive impairments (including memory problems, mental health problems and learning difficulties and disabilities etc). 5. I would like to nominate a representative for this application. * () Yes

O No

6.	Representative's Name *
7.	Representative's contact information *
	Please enter their email address and/or phone number below.
8.	Their relationship to you *

Eligibility declaration

9.	I am	a resident in the London Borough of Barnet *
	\bigcirc	Yes
	\bigcirc	No
10.		currently in receipt of means-tested benefits (eg. Penson Credit, Universal Credit, loyment and Support Allowance, Housing Benefit and/or Council Tax Support) *
	\bigcirc	Yes
	\bigcirc	No
11.	Plea	se specify which benefits you are currently receiving *
	\bigcirc	Pension Credit
	\bigcirc	Universal Credit
	\bigcirc	Employment and Support Allowance
	\bigcirc	Housing Benefit
	\bigcirc	Council Tax Support
	\bigcirc	Other
12.	appl	re household savings and capital less than £16,000 - including you (and your partner's if icable) savings accounts, ISAs, shares, bonds and investments. Please do not include the e of your main home. *
	\bigcirc	Yes, I have savings of no more than £16,000 total
	\bigcirc	No, I have savings which are greater than £16,000 total

Yo	our Details	
13.	Title *	
14.	First Name *	
15.	Last Name *	
16.	Date of Birth *	
		:::
17.	Gender * If you would like us to refer to you by particular pronouns which aren't listed below, please select 'Other' and let us know how you would like to be addressed. Male (he/him) Female (she/her) Non-binary (they/them) Prefer not to say Other	
18.	House Number and Street Name *	
19.	Postcode *	
20.	Telephone Number *	
	The value must be a number	

21.	21. Email Address		
	Please enter an email		
22.	22. Living Arrangement *		
	Living Alone		
	Living with Spouse		
	Living with Family		
	Other		
23.	23. Accomodation Type *		
	Private Tenancy		
	Council Tenancy		
	Owner Occupier		
	 Housing Association 		
	Other		

24. Ethr	ic Background *
\bigcirc	Prefer not to say
\bigcirc	Asian British
\bigcirc	Bangladeshi
\bigcirc	Black African
\bigcirc	Black African and White
\bigcirc	Black British
\bigcirc	Black Caribbean
\bigcirc	Black Caribbean and White
\bigcirc	Chinese
\bigcirc	European
\bigcirc	Indian
\bigcirc	Irish
\bigcirc	Japanese
\bigcirc	North American
\bigcirc	Other Asian Background
\bigcirc	Other Black Background
\bigcirc	Other Dual Heritage
\bigcirc	Other Ethnic Group
\bigcirc	Other White Background
\bigcirc	Pakistani
\bigcirc	South American
\bigcirc	Traveller
\bigcirc	Turkish
\bigcirc	Ukrainian
\bigcirc	White British
\bigcirc	Other

Reason for Application

	at would you most like help with from the Household Support Fund? * se select all that apply.
	Furniture/White Goods Voucher
	Grocery Shopping Voucher
	Utility Bill Voucher
	Foodbank Voucher
	Other
list app Ple Ho Ag An Oa Lor	order to process your application, we ask all applicants to provide certain documents, and below. Please provide ALL of the documents in the list unless otherwise instructed. Your polication will be delayed or will not be processed without these supporting documents. asse post all documents to: Susehold Support Fund Team Susehold Support Fund Team Owens Centre Cane Addon 8LT
	Email them to <u>Support@ageukbarnet.org.uk</u> ase aim to send them within 14 days.
	Proof of savings and capital (eg. you/your partner's if applicable) last 2 months bank statements, savings account statement and statement or information about other capital and investments.
	Proof of means-tested benefits (eg. recent letter from DWP about your means-tested benefit, recent letter from Barnet Council about your Housing Benefit or Council Tax Support
	Recent utility bill in your/your partner's name
	Other

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