**AUKC Support Fund – On Line Application Form**

The AUKC Support Fund (ASF) is a one-off grant which can help if you are facing hardship or crisis.

The ASF aims to support anyone over the **age of 60** facing financial crisis or hardship who cannot pay for essential items. You do not need to receive benefits to get help. Your benefits will not be affected if you are awarded a payment from the ASF.

**To be eligible for this fund, you must:**

* Live in Croydon
* be over 60 years of age

**Assistance with energy and water bills debts**

If you are applying for help with your gas, electric, or water bills debt, you will need to provide:

* One month's bank statement or mini bank statement
* One month's proof of income (this can be bank statement or mini bank statement)
* Proof of Address
* Your most recent outstanding bill(s) as necessary

**Essential Household costs including bills, food and essential items**

If you are applying for help for household costs or to buy household items, you will need to provide:

* One month's bank statement or mini bank statement
* one month's proof of income (this can be bank statement or mini bank statement)
* Proof of address
* Your most recent outstanding bill(s) as necessary

Priority will be given to first-time applicants who are not eligible for other types of help.

**Please scan and upload the appropriate documents with this form**

1. **Applicant’s Details**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email Address |  |
| Date of Birth |  | Over 60 |  |
| Resident in Croydon Borough |  |

1. **Applicant’s financial Information**

|  |  |
| --- | --- |
| Benefits received |  |
| Other sources of income |  |

1. **Previous Support Received**

|  |  |
| --- | --- |
| Have you received AUKC Support Fund funding before? |   |
| If yes, please confirm the date you received it |  |
| How much were you awarded and what was it for?  |  |

1. **Household Details:**

|  |  |
| --- | --- |
| Do you live alone? |   |
| If no, who else lives in the property? |  |
| **We will need to see evidence of any additional residents’ income (mini bank statement) before proceeding.** |
| Consent from all additional residents obtained for AUKC staff/volunteers to review | **Yes**  |

1. **What help do you need? Please provide costs if known.**

|  |  |  |
| --- | --- | --- |
| **Support Required** | **Details** | **Amount Requested (£)** |
| **Food**We can provide money for food shopping. |  |  |
| **Utility Bills**We can put money in your account to get top ups. |  |  |
| **Other household costs** (any other bills) |  |  |
| Household goods |  |  |

1. **Why do you need this help?**

|  |
| --- |
| *Please use this space to provide brief details on the hardship you are experiencing and what the impact of a grant would be.*  |

|  |  |
| --- | --- |
| **Important information** | * Evidence of low income and crisis or hardship
* Failure to provide supporting information will lead to delays in assessing your application.
* Priority is given to first time applicants
* Typically, one appliance only per application.
* A mini bank statement can be obtained at a cash point.

**Below details the evidence you should provide with your application (please tick to indicate these you are providing)** |
| **Food** | **Utility Bills (Gas/Electric/Water)** | **Other household costs/goods** |
| [ ] \*Mini bank statement showing your current balance | [ ] 1 month bank statement or mini bank statement[ ] 1 month proof of income[ ]  Most recent bills[ ]  Confirm when you will receive your next income payment  | [ ] 1 month bank statement or mini bank statement[ ] 1 month proof of income(For anyone in the household over 18 years old. Including joint bank accounts) |

1. **Bank Account Details**

|  |  |
| --- | --- |
| Account Name |  |
| Sort Code |  |
| Account Number |  |
| Are you the Account Holder (Yes/No) | Yes |

1. **Declaration**

|  |
| --- |
| * I confirm that, to the best of my knowledge, the information given on this form is correct and complete.
* I give you permission to make any necessary enquiries to check the information on this form.
* I confirm that I will use any money awarded to me through this fund for the purpose intended.

**\*** |
| **Signature:**  | **Date:**  |
| **Name:**  |

1. **Consent**

In order to assist you, we need to record and store personal information about you. The law says that we must get your consent to do this. Anything you tell us will be treated confidentially and subject to the General Data Protection Regulation 2018. The information will be stored on a secure database.

Your personal information will be kept for as long as legislation requires and in line with best practice. Please ensure that you understand the above statement, resolving any queries before signing this form. Information may be used for statistical and monitoring purposes and will be anonymised.

|  |
| --- |
| I give my consent and permit Age UK Croydon to record and store personal information about myself, in accordance with Age UK Croydon’s Safeguarding Adults and Confidentiality policies.□ Yes □ No |
| **Signature:** | **Date:** |
| **Name:**  |

**How we use your information:**

*We use services offered by third party organisations to help us manage some functions of our charity, such as Charitylog to store your personal details and Just Giving [Giving.Com.Ltd, an entity established under the laws of England & Wales] to process donations. Before we use any third-party organisation’s services, we put in place contracts that contain data protection clauses and/or ensure the organisation has appropriate data protection measures and policies in place to ensure your personal information is protected. If while we are supporting you, we think you may benefit from the services or support another organisation provides, we may share some of your information with them. This can include other charities, or statutory bodies, such as Croydon Social Services. We will tell you what information we plan to share and ask for your consent to share it before we share anything unless we are required to share the information to comply with relevant legislation or to protect your vital interests. If you have used our services, we may on occasion share basic demographic and service information with Age UK, the national charity, so they can help us monitor and ultimately improve the services we provide. The information we share will not include your name or your contact details, unless you give us your consent to do so for a specific purpose, such as sharing your story. When we do share this information, we do so under the lawful basis of legitimate interest.*

*For further information please see our Privacy Policy and Consent Policy.*

*We use services offered by third party organisations to help us manage some functions of our charity, such as Charitylog to store your personal details and Just Giving [Giving.Com.Ltd, an entity established under the laws of England & Wales] to process donations. Before we use any third-party organisation’s services, we put in place contracts that contain data protection clauses and/or ensure the organisation has appropriate data protection measures and policies in place to ensure your personal information is protected. If while we are supporting you, we think you may benefit from the services or support another organisation provides, we may share some of your information with them. This can include other charities, or statutory bodies, such as Croydon Social Services. We will tell you what information we plan to share and ask for your consent to share it before**we share anything**unless we are required to share the information to comply with relevant legislation or to protect your vital interests. If you have used our services, we may on occasion share basic demographic and service information with Age UK, the national charity, so they can help us**monitor and ultimately improve the services we**provide.**The information we share will not include your name or your contact details, unless you give us your consent to do so for a specific purpose, such as sharing your story. When we do share this information, we do so under the lawful basis of legitimate interest.* ***For further information please see our Privacy Policy and Consent Policy***

**Equalities Questionnaire**

You are under no obligation to complete this form but if you do you are agreeing under the Data Protection Act 2018, that Age UK Croydon may hold and use personal information about you for monitoring purposes only.

|  |  |  |
| --- | --- | --- |
| **Age** | 60 to 64 |   |
| 65 to 74  |   |
| 75 to 84  |   |
| Over 85  |   |
| **Disability**  | Do you consider yourself to have a disability?  | Yes  |  x | No  |   |
| **Gender reassignment**  | Is your gender the same as the sex you were registered at birth? | Yes  |  xx | No  |   |
| **Marriage and civil partnership**  | Are you married or in a legally registered civil partnership? | Yes  |   | No  |   |
| **Race** | Asian or Asian British – Bagladeshi |   |
| Asian or Asian British – Indian |  |
| Asian or Asian British – Pakistani |  |
| Asian or Asian British – Any other Asian background |  |
| Black or Black British – Caribbean |  |
| Black or Black British – African |  |
| Black or Black British – Any other Black background |  |
| Chinese  |  |
| Mixed – White and Black Caribbean |  |
| Mixed – White and Black African |   |
| Mixed – White and Asian |   |
| Mixed - Any other Mixed background |   |
| White – British |  |
| White – Irish |  |
| White – Any other White background  |  |
| Another group  |   |
| **Religion or belief**  | No religion  |   |
| Christian  |   |
| Muslim  |   |
| Hindu  |   |
| Sikh |   |
| Jewish  |   |
| Buddhist  |   |
| Other  |   |
| **Sex** | Male  |   |
| Female  |   |
| Non-binary  |   |
| **Sexual orientation**  | Heterosexual  |   |
| Gay or lesbian  |   |
| Bisexual  |   |
| Other  |   |

**For completion by AUKC ILT/SLT**

|  |  |  |
| --- | --- | --- |
| Name of Staff Member assessing the application |  | Date: |
| Job Title |  |
| Supporting Documents Provided (Yes/No) | Bank StatementProof of addressUtility BillOther bill |
| Outcome | Approved [ ]  Refused [ ]  |
| Amount Awarded |  |
| If refused, reason for refusal |  |
| Method of Payment |  |
| Follow up Phone Call by |  | Date: |  |