

Dear Applicant

Please check that you meet the criteria below before you complete this form. You will need to print the form out, complete by hand and send it to us by post with the necessary documents. Once received, we will return any original documents and process the application for consideration by our Committee.

Please note that we are usually unable to consider help for any goods/services already paid for – please check with us before you complete this form.

What we mean by retail - The retail sector includes any shop or store selling goods to the public, as well as the trades and businesses associated with retail - wholesale, distribution, manufacturing and services to retail.

Criteria

If you are:	You will need to meet the following criteria:
<u>Retired and over state pension age</u>	5 years continuous employment in retail at any time during your working years. Can be combined with spouse or partner's retail service.
<u>Retired due to accident or ill health and under state pension age</u>	5 years continuous employment in retail at any time during your working years. Can be combined with spouse or partner's retail service.
<u>Currently working in retail</u>	At least 2 years continuous employment with current or other retail employer.
<u>Returning/returned to work in retail after a long illness, recent disability or bringing up a family</u>	At least 2 years continuous employment in retail at any time during your working years.
<u>Made redundant from retail job</u>	2 years continuous employment in retail and made redundant from retail within the last 12 months.
<u>Not employed at present due to extenuating circumstances</u>	2 years continuous employment in retail, with last employment in retail, but not employed at present due to extenuating circumstances, e.g. caring for a sick or disabled partner, child or parent, domestic violence, homeless, ex-offender, or health problems (mental or physical).
<u>Working age but no longer employed in the retail industry (may be employed in another sector)</u>	10 years continuous employment in retail at any time during your working years.

You can also apply for financial assistance for your **dependants** – partners, wives, husbands, children and other dependants (grandchildren, parents, grandparents, brother, sister, aunt or uncle where applicant is the main carer), if you meet our criteria.

If you are **widowed**, you can also apply if your late spouse/partner met any of the above criteria during their working life.

Documents required with application form

Proof of employment

To ensure the charity assists only those that meet the necessary criteria we require proof of employment. You can send us any of the following:

- a letter from your employer
- an occupational pension advice slip
- payslips accompanied by a letter from your employer confirming employment dates. We cannot accept payslips on their own
- any other document which confirms the **number of years** in retail.

If you were/are **self-employed**, please send us documents confirming payment of your Class II National Insurance Contributions and/or other documents which confirm the self-employment.

If you do not have the necessary documents, please complete **Page 11** in the application form, which we can then send to HM Revenue and Customs (HMRC) Department to get your employment records.

Other supporting documents

For all applications, we need:

- a copy of your latest **bank statement**. Any savings you have over £3000 will be taken into consideration but will be assessed according to your circumstances and needs at the time of your application.
- copy of **supplier's estimates** for any goods or services you are requesting help with
- copies of any **bills** you are requesting help with.
- If you are in debt, we will need to see a **supporting statement** from an agency such as Citizen's Advice Bureau on how you are managing your debts.
- **Other supporting documents** such as doctor's letter, occupational therapist's report or any such depending on the item for which financial help is requested.

Completed form

When completed please return the form and supporting documents to:

**The Manager
Grants & Services
Retail Trust
Marshall Hall
Hammers Lane
London
NW7 4DQ**

If you have any queries about the criteria, forms or anything else, please call us on our **Helpline 0808 801 0808** - Open Monday to Friday 9am to 8pm, Saturday and Sunday 9am to 1pm.

PRIVATE & CONFIDENTIAL

APPLICATION FOR FINANCIAL ASSISTANCE

INFORMATION GIVEN ON THIS FORM IS STRICTLY CONFIDENTIAL

Mr/Mrs/Miss/Ms Surname.....

Other Names.....

Age Date of birth

Address

Post code

Home tel no:.....Work tel no:.....

Mobile tel no.....Email address.....

May we contact you at work: YES/NO

Marital status *Married/Widowed/Divorced/Separated/Single *(delete as appropriate)

ReligionNationality.....

1. Family Details

Name of family member	Date of Birth	Lives with applicant (Yes/No)	Contribution to Household £

The information you provide in sections 2 to 7 will enable us to refer you to other relevant charities/organisations.

2. If applying on behalf of parents/relatives, please give their income and expenditure information on Page 5. Please ensure that any third party is aware and agrees to this information to be given.

Name of Parent	Age	Employer's Name	Type of Businesses	Dates of Employment	No. of Years	Occupational Pension (Yes/No)

3. If members of the family or friends are able to contribute in respect of this application, please give details below:

Relationship to Applicant	Amount to be contributed
	£
	£

EMPLOYMENT

You **MUST** meet our employment criteria for us to consider your application. We will need proof of employment. If you do not have the necessary documents (i.e. letter of employment or occupational pension statement), please complete page 13 of this form, so that we can obtain your information from HM Revenue and Customs.

4. Please give details of your present and past employment. Please give details of your most recent/current employment first. Continue on separate sheet if necessary.

Employer's Name and Address	Dates of employment From and To	Hours worked per week	Nature of employer's business

5. Spouse/Partner's present and past employment. Please complete even if spouse/partner is deceased

Employer's Name and Address	Dates of employment From and To	Hours worked per week	Nature of employer's business

6. Contact name at your place of employment who can confirm your/your partner's service.

REASON FOR APPLICATION WILL NOT BE DISCLOSED.
If more than one employer, please give details on a separate sheet.

Name

Position/Department

Address.....

.....

Post Code.....

Telephone No. Email address.....

Your Employee/Staff Number.....

If retired, please enclose supporting documentation of employment. This can be an occupational pension notice slip. If unable to provide any evidence, please complete the HM Revenue and Customs pro-forma on page 13.

7. If you/your spouse/partner receive an occupational pension from an employer, please give details below.

Employer Name	Nature of business	Amount

8. Armed Services – Please indicate your or your partner’s service with HM Forces. If applying for parents or relatives, please give their details if applicable.

Service/branch	Number	Rank	Dates

9. Do you own a property? Yes/No

If **No**, please go to Question 8

If **Yes** please state:

Approx. current value.....Date of purchase.....

Amount of mortgage outstanding.....

Remaining length of mortgage.....

Type of mortgage.....

Building Society.....

10. Do you live in rented accommodation? Yes/No

If **Yes**, are you the tenant? Yes/No

Is it Council owned? Yes/No Housing Association? Yes/No

Part owned? Yes/No If Yes, please give details.....

Please describe the condition of your property

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11. How much money do you and your partner have in:

Current accounts: _____ Deposit accounts: _____

Building Society: _____ Other investments: _____

Income bonds: _____ Premium bonds: _____

PEPS/TESSAS/ISAS: _____ Cash/Other: _____

If you have any stocks or shares please give details:

Company	Amount and type	Value
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Do you have any Life Assurance Policies? If so please give details:

Company	Life Assured	Amount	Date of maturity
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Any savings you have over £3000 will be taken into consideration but will be assessed according to your circumstances and needs at the time of your application.

Please enclose a copy of your latest bank statement(s) and other documents as necessary, as supporting evidence.

12. Weekly Income and Expenditure of Household

Weekly Income	£	Weekly Expenditure	£	Arrears £	Office Use
Earnings		Mortgage			
Wages/Salary (Applicant) Gross		Second Mortgage			
Wages/Salary (Spouse/Partner) Gross		Rent (before Housing Benefit)			
Maintenance/CSA Receipts		Council Tax (before Council Tax Benefit)			
Sub-letting, boarders etc		Gas			
		Electricity			
Pensions (Applicant)		Magistrates court fines			
State Retirement Pension		Maintenance/CSA payments			
Occupational Pensions (state employers)		Water rates/sewerage charges			
State Widows Pension/Bereavement Allowance		Telephone			
War Widow's Pension		TV/Satellite/Cable/Video			
HM Forces Pension		Ground Rent/Service charges			
HM Forces Invalidity Pension		Building/Contents Insurance			
War Disablement Pension		Other Housing costs			
Statutory Sick Pay		Mortgage Endowment policy			
		Life Insurance			
Pensions (Spouse/Partner)		Other Insurance			
State Retirement Pension		Other fuel (coal, oil, calor gas etc)			
Occupational Pensions (state employers)		Pension Contributions			
State Widows Pension/Bereavement Allowance		Housekeeping (inc. food, laundry, weekly shopping etc.)			
War Widow's Pension		Car costs (inc. insurance/MOT/running costs/road tax)			
HM Forces Pension		Travel costs (public transport/other)			
HM Forces Invalidity Pension		Work costs (meals/tools etc.)			
War Disablement Pension		Clothing			
Statutory Sick Pay		Prescription/Health costs			
		Carer/Childcare costs			
Other State Benefits		Debts (see next page)			
JSA/Income Support/Pension Credit (Applicant)		Bank overdrafts			
JSA/Income Support/Pension Credit (Spouse/Partner)					
Incapacity Benefit (Applicant)		Other Expenditure (please specify)			
Incapacity Benefit (Spouse/Partner)					
Disability Living Allowance (Applicant)					
Care					
Mobility					
Disability Living Allowance (Spouse/Partner)					
Care					
Mobility					
Attendance Allowance (Applicant)					
Attendance Allowance (Spouse/Partner)					
Child Benefit					
Working Tax Credit					
Child Tax Credit					
Council Benefit					
Housing Benefit					
Any Other Income/Benefits (please specify)					
TOTAL WEEKLY INCOME		TOTAL WEEKLY EXPENDITURE			

13. Please give details of any outstanding debts.

Creditor Name	Purpose of loan	Amount Borrowed	Weekly Instalments	Amount Outstanding

14. Please give details of all other organisations and charities you have approached.

Name of Charity/Organisation	Please state if help granted/promised/refused	Amount £

15. How did you hear about Retail Trust?

16. Have you ever received financial help from this charity before? Yes/No

If **Yes**, please give details:

Date(s)	For What Purpose	Amount

17. For Application being submitted through a Welfare Organisation

Name of Agency

Case worker

Address

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Post Code.....Telephone

Email address.....

How long has the applicant been known to your department/organisation?

18. At times, Retail Trust will not be able to give a full grant but could approach other agencies/charities to see if they may be willing to make up the balance of a grant. Your financial and health details may be shared with these charities/agencies in order that we may obtain additional help on your behalf.

Are you happy for us to do this on your behalf? Yes/No

If *Yes*, please sign consent below.

A 'No' answer will not prejudice your request for assistance but may limit the amount of grant you receive.

I/We consent to Retail Trust approaching other charities/agencies on my/our behalf.

Applicant/s Signature..... Date

Print Name (Applicant)

If applicant living with a partner or spouse

Partner's Signature..... Date

Print Name (Partner)

20. DOCUMENTATION

Please send us **all** the relevant documents. It may delay your application if we do not receive them with this application form.

Please tick the documents you have included -

Payslips/pension advice notice	<input type="checkbox"/>	Proof of state benefits	<input type="checkbox"/>
Latest Bank statement (mandatory)	<input type="checkbox"/>	Credit card bill statements	<input type="checkbox"/>
Gas/electric/other utility bills	<input type="checkbox"/>	Telephone bills	<input type="checkbox"/>
Council Tax documents	<input type="checkbox"/>	Suppliers estimates	<input type="checkbox"/>
Occupational Therapist's Report	<input type="checkbox"/>	Proof of employment	<input type="checkbox"/>

Other documents – tell us what documents you are sending

Please tick if you want your documents returned to you. We will photocopy the documents and return the originals to you by first class post.

21. The applicant and partner (if married or living with) must sign this application.

FOR ALL APPLICATIONS

I declare that the foregoing particulars are accurate and give a true account of my/our present financial position

Applicant/s Signature..... Date

Partner's Signature..... Date

DATA PROTECTION: By signing this form both the applicant/s and any relatives mentioned agree to the information in the form and any attachments being stored in Retail Trust's filing system and summarised in Retail Trust's computer system for the sole use of grant processing analyses and accounts.

Please return completed application form and supporting documentation to:

The Manager, Grants & Services Dept., Retail Trust, Marshall Hall, Marshall Estate, Hammers Lane, London NW7 4DQ

*Retail Trust is a registered charity in England and Wales (1090136) and in Scotland (SC039684)
Company No 4254201 (Company limited by Guarantee) Registered in England and Wales
Registered Office: Marshall Estate, Hammers Lane, London, NW7 4DQ*

Our Ref: _____
(for official use)

HARDSHIP GRANT

Request from HMRC for Employment Records

National Insurance Number

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Title (Mr/Mrs/Ms/Other (please state)) _____

First Name (s) _____

Surname _____

Maiden/Any previous names _____

Date of Birth _____

Full Address _____

Post Code _____

I authorise HMRC to disclose my employment history record to:

The Grants & Services Manager
Retail Trust
Marshall Hall
Hammers Lane
London
NW7 4EE

Signature _____
Please Sign here

Date _____
Please Date here

