



The information provided when you apply for a Household Support Grant and other information provided in support of your application, will be held by the London Borough of Hounslow in compliance with the General Data Protection Act 2018. It will be used for the purpose of processing the request for an application for a crisis payment and verifying an application has not been made for assistance from another Local Authority.

The London Borough of Hounslow is under a duty to protect the public funds it administers, and to this end may use the information provided on your application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds. Personal data will otherwise not be disclosed to third parties.

**You will need to provide evidence of details given in your application. These must be proof of all income, a most recent bank statement, copies of utility bills (if required) and utility top up details.**

**We will reject applications where the necessary supporting documents are not included.**

**Part 1 About you – MUST BE COMPLETED**

**Name and address**

Title:

Forename:

Other Names:

Surname:

Other names you  
may be known by:

Address:

Postcode:

How long have  
you lived at this  
address for?

Date of birth:

NINO:

**Contact details (at least one must be provided)**

Phone No:

Mobile No:

Email Address:

We will use these contact details if we need to contact you about your application. This may help us make our decision quickly.

Have you been placed into Hounslow by another Local Authority?

**If yes, you will need to approach that Authority for assistance.**

No ☐ Yes ☐

**Have you made a previous application within the last 12 months?**

No ☐ Yes ☐

Are you being supported by a  
Charity, Social Services or any  
other organisation?

## Part 2 Household Details – MUST BE COMPLETED

Do you have a partner? No ☐ Yes ☐ If yes, what is their full name?

NINO:  Date of Birth:

Do you have anyone else that lives with you or in your property?

Forename(s)	Surname	Date of Birth	Relationship to the applicant i.e. child, parent, sibling, boarder	Circumstances i.e. Housebound/School/ Unemployed/Employed & Income

Please use a separate sheet of paper if you need to tell us about anyone else who lives with you.

## Part 3 Why you need help - MUST BE COMPLETED

For us to be able to consider your application you **MUST** tell us in detail about:

1. The hardship you are experiencing
2. Why you are not able to meet your expenses

**If you do not provide a reason, your application will be rejected.**

Assistance with	Why it is needed
Food	
Fridge/Freezer	
Cooker	
Washing machine	
Utility Top Up – please provide the name of your supplier and if you use Paypoint or Post Office	
Utility payment. <b>You must provide current copies of your utility bills showing arrears.</b>	

#### Part 4 Your income – MUST BE COMPLETED

**You must provide proof of your household income. We will reject applications where the necessary supporting evidence is not included**

Do you or your partner work ? No ☐ Yes ☐

If yes, please supply details below:

Name of person working	Self-Employed/ Employed (Name of Employer)	Amount paid	How often and last date of payment (weekly/monthly)	How many hours do you work a week

#### Part 5 Bank accounts, savings and investments – MUST BE COMPLETED

Please provide details of all accounts you and your partner hold. Please include any details of accounts held in a child's name:

Name of account holder	Type of Account Current/Savings/Investment	Amount in account	Can you access this money?
Total:		£	

Please provide details in the box below of any shares, bonds or investments you or your partner hold (this includes any property, apart from where you live)

Is there any other money you or your partner could use ? No ☐ Yes ☐

**Part 6 Please complete this section, if you are completing the form on behalf of someone else**

Are you requesting a grant or loan on behalf of someone else?

☐ No ☐ Yes

Please provide your details below:

Title:

Address:

Forename:

Other Names:

Surname:

Postcode:

What is the relationship to the applicant?

Phone Number:

Email Address:

Please confirm if you have any of the following:

Power of attorney

☐

Appointed by Secretary of  
State to act on their behalf

☐

If you have ticked any of the above two boxes, you can sign the declaration in Part 8, you may be requested to provide proof; otherwise, the person named in Part 1 must sign the declaration.

**Part 7 Declaration - Please read this declaration carefully before you sign and date it.**

- This is my claim for a Household Support Grant only.
- I declare that the information I have given on this form is correct and complete as far as I know.
- I understand that the Council is under a duty to protect the public funds it administers and may use the information provided on this form for the prevention and detection of fraud. It may also share this information with other departments in the Council, other bodies responsible for auditing or administering public funds for these purposes.
- I understand that if I give misleading information or documents, I may be prosecuted under the Fraud Act 2006.
- I understand I must provide receipts for the items I have been awarded if I am asked to do so.
- I declare that if I am awarded a grant, I will only spend it on the items that the award has been made for.
- I understand failing to follow all the points mentioned in the declaration, could affect any future claims I make for an Emergency Assistance Grant or other discretionary schemes within the Council.
- I understand that if the Council recognises that I may be entitled to or need further help, that they will contact other agencies and departments, including my Landlord for further information where required. I will be notified and advised of the information the Council is seeking before any contact is made with another department, organisation or other third party.

The London Borough of Hounslow may use contact details in order to contact customers about London Borough of Hounslow initiatives or to consult about its services, but only if consent has been given for us to do so. If you do not want us to contact, you for these purposes please tick the box. ☐

Full Name:

Signature:  Date:

**Please email your completed application to [curevenues@hounslow.gov.uk](mailto:curevenues@hounslow.gov.uk)**