



APPLICATION GUIDELINES AND GRANT AWARD CRITERIA

Important note to sponsors:

The 'Applicant' is the adult, legal guardian or parent requiring help. The 'Sponsor' is the professional person applying on the applicant's behalf. **The Sponsor must complete all parts of this form and verify the information provided.**

Eligibility for a one off grant of £50 - £250 (*£250 is the maximum amount awarded*):

- Applicants must have an officially recognised sponsor who has personal knowledge of their circumstances and who can verify all information requested on this form. A sponsor can be a representative from the Health Service, Social Services, C.A.B, Housing Association, Tenancy Support agency, Charity etc. **Grant Payments are made payable to the Sponsoring body, not the applicant:** sponsors are therefore required to have the facility to receive grants on behalf of the applicant. They must also ensure that any grant is spent on the item(s) for which it is awarded and submit receipts for our records.
- Applicants of any age experiencing financial hardship and on a very low income are considered providing they have an illness, physical disability, diagnosed mental health problem, learning disability or they care for an adult or child who is disabled or ill.

If help is required for a child, please provide details of his/her disability or illness and complete parent/carer's information for 'Applicant's Details' on page 2 of form.

- Applicants must reside in the U.K. **National Insurance number MUST be given.**
- Sponsors must ensure that all statutory entitlements, including Local Welfare Grant (where eligible) have been applied for before submitting a request to LHH. **If a grant has been awarded previously to the applicant by LHH, no further application should be made.**

Examples of what LHH may award grants for:

- Essential household items such as a cooker, bed/bedding, fridge, washing machine, carpets etc.
- Heating costs/fares/travel expenses for hospital or regular appointments.
- Specialist equipment that cannot be obtained through Health or Social Services.
- Clothing, including school uniform.
- Carer's Breaks (when funds allow).

We regret that LHH CANNOT help with:

- Electric wheelchairs & scooters, stair lifts, hoists, car purchase, vehicle adaptations etc.
- Building/renovation/extension works.
- Business related costs.
- Debts/full bankruptcy fees. DRO fees may be considered.
- Medical, dental and therapeutic treatment including alternative therapies.
- Support for refugees unless they have been granted residency/asylum.
- Overseas travel or holidays unless recuperative following an illness/stay in hospital, or a carer's break.
- Funeral costs.

There is no deadline for applications; please allow 4-6 weeks from receipt of application for an outcome.

LHH is committed to ensuring accessibility to all sections of society. If you have any questions or special needs please contact the Secretary on tel no: 01444 236099 or email: secretary@lhh.org.uk

Other Help Given

LHH supports 70-80 regular beneficiaries by providing quarterly payments, birthday and Christmas cards, regular newsletters and yearly visits.

Address LHH, PO Box 342, Burgess Hill, RH15 5AQ

Tel 01444 236099 **Email** secretary@lhh.org.uk **Website** www.lhh.org.uk

Limited Company Registered in England No. 307257

Registered Charity No. 208792 - Registered Office: 2 St Andrews Place, Lewes, BN7 1UP



Application for Assistance

LHH does not have the funds to help all those who apply.

Applications not submitted in accordance with our guidelines will not be considered.

Please check the form carefully before sending and ensure ALL sections have been completed.

This form must be completed in full by the Sponsor.

APPLICANT INFORMATION						
Surname				First Names		
Address						
Postcode				Telephone		
Date of Birth			Age		Email	
National Insurance Number:						
Medical diagnosis for applicant's illness/disability?						
Is medication being taken? If yes, please list						
Present occupation (incl. Armed Forces)						
Former occupation (incl. Armed Forces)				Date last worked?		
Does applicant live alone? If no, please describe household						
Spouse/Partner's present occupation (incl. Armed Forces)						
Spouse/Partner's former occupation (incl. Armed Forces)				Date last worked?		
Number of children living in household? Please provide DOB if under 18						
Are the children in full-time education /training/working or on benefits?						

SPONSOR'S DETAILS			
Surname		First Name	
Sponsoring Body			
Address			
Postcode		Telephone (landline pref)	
Email			

ITEM(S) FOR WHICH SUPPORT IS REQUESTED			
Total Sum Required £		Sum requested from LHH £ (maximum £250)	

DETAILS OF ANY SAVINGS FOR THE HOUSEHOLD		
Bank/Building Society Accounts	£	
Post Office Accounts/National Savings	£	
Premium Bonds/Savings Certificates	£	
Stocks & Shares/Other Investments	£	
Other Savings : Please Specify	£	

DETAILS OF DEBTS FOR THE HOUSEHOLD			
	Total now Owed £	Monthly Repayments £	Date of Final Repayment
HP or Credit Agreements			
Mail Order/Catalogues			
Court Judgment/Fines/Attachment of Earnings			
Other Debts: Please Specify			
(D)Total Debts Repayment £			

DETAILS OF HOUSING: what type of home does the applicant live in? (Tick one box)				
Owned no mortgage	Owned with mortgage	Rented council	Rented Private	Other (please specify)

DETAILS OF INCOME AND EXPENDITURE – MONTHLY FIGURES PLEASE

TOTAL HOUSEHOLD INCOME AFTER TAX	£	TOTAL HOUSEHOLD EXPENDITURE	£
Net earnings from Employment		Mortgage Payments	
Retirement Pensions		Rent: Top up	
Occupational/Private Pensions		Council Tax: Top up	
Disability & Carer's Benefits:		Utilities (water, electric, gas, coal, logs, oil)	
PIP Care (<i>Std/Enhanced rate?</i>)		Total Debt Repayment (D from page 3)	
PIP Mobility (<i>Std/Enhanced rate?</i>)		TV Licence	
Attendance Allowance		Telephone incl. landline/broadband/internet	
Carer's Allowance		Mobile(s)	
Sickness Benefits		Insurances (specify)	
Statutory Sick Pay			
Employment & Support Allowance (<i>Assessment Phase/Work Related/Support Group?</i>)		Car expenses incl. road tax, servicing, petrol and insurance	
Jobseekers Allowance		Other Travel expenses	
Means-Tested Benefits		Clothing (incl. school uniform)	
Income Support		Food	
Income-based Jobseekers Allowance		Household expenses	
Universal Credit		Leisure expenses	
Pension Credit		Pet expenses	
Housing Benefit	Yes/No	Any other expenses: Please specify	
Council Tax Reduction	Yes/No		
Tax Credits			
Child Tax Credit			
Working Tax Credit			
Child Benefit			
Any other Income: Please specify			
Total £ per Month		Total £ per Month	

Please list other charities, trusts and/or local authorities to which the applicant has also applied for assistance and the results of those applications.

	CHARITY, TRUST, LOCAL AUTHORITY	DATE OF APPLICATION	RESULT AND DATE
1			
2			
3			
4			
5			

CASE REPORT: please give full details of the applicant's situation below or on a separate sheet

Signed:		Date:	
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GRANT PAYMENT DETAILS (Note: we <u>do not</u> make grant payments direct to individuals)				
Sponsoring Body		BACS Ref		
Account Name		Sort code		Account No.
Grant Cheque Payee				

DECLARATION AND SIGNATURE			
<p>By signing this form, both the applicant and sponsor agree to the information provided being processed for the purpose of a potential grant award. Anonymised data, may be retained by LHH for grant reporting and/or fundraising activities.</p>			
Applicant Signature	Please state verbal consent if not signed	Date	
Sponsor Signature		Date	

Please enclose a stamped addressed envelope and return application form to:
The Secretary, LHH, PO Box 342, Burgess Hill, RH15 5AQ
or email to secretary@lhh.org.uk

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