

MOTHER HUMBER MEMORIAL FUND APPLICATION Page 1 of 5

**APPLICATION TO MOTHER HUMBER MEMORIAL FUND
BY ORGANISATION ON BEHALF OF THE APPLICANT OR
THE APPLICANT THEMSELVES**

Our Ref

THE TRUSTEES WILL NORMALLY, ONLY CONSIDER AN APPROACH VIA A RECOGNISED AGENCY EG SOCIAL SERVICES OR CITIZENS ADVICE BUREAU WHO WILL CONFIRM THAT ADVICE HAS BEEN SOUGHT AND OFFER COMMENT UPON THE APPLICATION. IF YOU ARE NOT SEEKING SUCH ADVICE PLEASE ENSURE THAT THE REASONS ARE EXPLAINED IN THIS APPLICATION.

It will help the Trustees in assessing your application if all sections are completed. You may wish to give further information by way of an attached letter or note and this would be welcomed. ***Please enclose an official letter heading detailing address, telephone number and fax number if available***

The Trustees usually meet every month (subject to variation) and a decision will be communicated as soon as possible after the meeting.

Name and address of organisation _____

Contact name - telephone AND FAX (if not enclosed on letter head)

It is helpful if you can include an e-mail address.

Applicants details - PLEASE INCLUDE DATE OF BIRTH

Name (s) _____

Date of birth _____ Place of birth _____

Address _____

Type of accommodation (house/furnished rooms etc) _____

Tenure (owned/private rented/public sector etc)

Information on people living in the home

DO NOT NAME MINORS BUT ONLY INDICATE NUMBER OF PEOPLE BELOW 18 AND THEIR AGES. AGAIN, DO NOT 'NAME'

Name (if over 18)	Age	Relationship to applicant	Place of birth
Number below 18	Ages		

Please list the items required and estimated cost

ITEM	£

IMPORTANT

We normally only consider one item – but if more are being requested please list these in order of priority and give an indication of cost/s.

WHITE GOODS – Normally we do not award funds for second hand white goods as these often break down soon after purchase. Any new white goods supplied will be of the basic standard and functionality – we do not consider requests for non-standard sizes or coloured items other than white

CARPETS – as above, we only consider one room unless there are special circumstances. All appeals for carpets must be accompanied by a written quotation showing room size and cost of carpet per sq metre or sq foot

TUMBLE DRYERS – We do not award these items in view of recent adverse publicity concerning their safety and fire risk.

PLEASE GO TO PAGE 3

MOTHER HUMER MEMORIAL FUND APPLICATION

How has the need arisen ? If not explained in an attached letter please detail below. If the need results from a medical condition, written evidence may be requested.

(A detailed letter is preferred)

Is an application being made to the Benefits Agency Social Fund ? If not, why ?

**Which other Charities are requested to help THIS applicant ?
Please give details of items being requested from other charities**

**Has THIS applicant approached the Mother Humber Memorial Fund before ?
If so, give brief details, approximate dates and outcome.**

Please give brief details of other Charitable help given to THIS applicant in the last two years

MOTHER HUMBER MEMORIAL FUND APPLICATION

The Trustees require a simple but **REALISTIC*** income and expenditure statement to accompany all applications.

If this is not detailed on your accompanying letter please complete below.

We have not specified categories but information should relate to all members of the household and should include all benefits received.

An explanation of abnormal amounts is required together with a comment on how the applicant deals with shortfalls or surpluses.

WEEKLY/MONTHLY please circle
(Please also detail from other members of the household or other sources)

INCOME	£	EXPENDITURE	£
TOTAL (A)		TOTAL (B)	

PLEASE COMPLETE SURPLUS/ SHORTFALL BOX BELOW

SURPLUS (A) MINUS (B)	SHORTFALL (B) MINUS (A)

EXPLAIN ANY ABNORMAL AMOUNTS _____

IF THERE IS A SHORTFALL – HOW IS THIS COVERED ? _____

IF THERE IS A SURPLUS - WHAT IS THIS SPENT ON ?

PLEASE NOTE

**YOU MUST INCLUDE INCOME AND BENEFITS FROM ALL MEMBERS OF THE HOUSEHOLD.
 YOU SHOULD CLEARLY INDICATE WHETHER THE FIGURES ABOVE ARE WEEKLY OR MONTHLY.**

THE INCOME AND EXPENDITURE COLUMNS MUST BE TOTALLED AND DIFFERENCES EXPLAINED IN THE BOX Surplus/Shortfall.

WE EXPECT PROFESSIONAL ADVISORS TO ENSURE THAT THE FINANCIAL INFORMATION IS ACCURATE AND REALISTIC.

DECLARATION OF APPLICANT OR APPEALING ORGANISATION

You can withdraw your consent at any time. This can be done by e-mailing us at info@motherhumber.org.uk or writing to us at Mother Humber Memorial Fund, 593 Anlaby Road, Hull, HU3 6ST. Please note that if you withdraw your consent we will be unable to consider your application any further.

Further information in respect of how we will use the personal information contained within the application are set out in our Privacy Notice, a copy of which can be viewed online via <http://www.motherhumber.org.uk/Privacy Statement New.docx>, alternatively you can request a copy by contacting us using the contact details set out above.

I/We confirm that to the best of our knowledge the above information is correct. I/We understand that The Mother Humber Memorial Fund will not make cash available to the applicant and we undertake to use any award for the purposes stated, supply original receipts and return any surplus.

If you are signing this application on behalf of another person you warrant and represent that they have given permission for you to submit this application on their behalf and that you are acting with their full agreement.

By signing the application below and submitting your application to us you will be providing us with your explicit consent to us using the information contained within the application (including any special category personal data you provide us with pursuant to your application) and any subsequent related correspondence with you for the purposes of processing your application and assessing your suitability and eligibility for an award having regard to our relevant criteria, and discussing your application with you where necessary.

SIGNATURE OF APPLICANT OR AGENT.....

IF AGENT PLEASE STATE CAPACITY.....
(ie Adviser, Social Worker etc)

BEFORE SUBMITTING THIS APPLICATION PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED (INDICATE IF NOT APPLICABLE)

IF THERE ARE OMISSIONS OR INACCURACIES THE TRUSTEES MAY REFUSE TO CONSIDER THE APPEAL.

FINALLY PLEASE RE-CHECK OUR WEB-SITE FOR ANY CHANGES – ESPECIALLY THE NEWS AND POLICY PAGE.