



**ELEANOR
PALMER
TRUST**

Eleanor Palmer Trust
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E: admin@eleanorpalmertrust.org.uk
W: www.eleanorpalmertrust.org.uk

Relief in Need

Grant application details

It is a requirement that all applicants **must** live within the former (pre-1965) Urban Districts of Chipping Barnet and East Barnet (**which is most of EN5, EN4 and a small section of N11 and N14 postal codes**).

If you do not live within these post codes please do not apply as we cannot assist you, however we have provided an alternative contact list below.

The Process for applying to Eleanor Palmer Trust

Upon receipt of your completed application, a home visit may be arranged. An Officer from Eleanor Palmer Trust (EPT) will go through your application and produce a report to be present to our Trustees for their consideration. **(If you need assistance in completing the application, please let us know).**

We do not provide financial or educational assistance.

Alternatively, you may wish to contact the following agencies for help and advice

Barnet C.A.B.

**citizens
advice**

Tel: 0300 456 8365

Website:

<http://barnetcab.org.uk>

CAB provides practical, reliable advice and information. They have contact details of many local charities, agencies, support groups, and also provide advice on debts, benefits, employment and housing. They aim to help you solve your problems or guide you to an agency that may be able to help.

Step Change Debt Charity



Freephone Tel: 0800 138 1111

Website: www.stepchange.org

Step Change is the UK's leading debt charity who offer free, anonymous debt advice on a wide variety of debt such as rent arrears, utilities arrears, credit cards, loans and catalogues. They aim to help you and support you to reduce your monthly outgoings to an affordable level and clearly explain your options.

For furniture items, please contact Barnet Furniture Centre or Freecycle for assistance before contacting us



Tel: 020 8361 6802

Website: www.barnetfurniturecentre.org

Queens Parade Close, Friern Barnet, London, N11 3FY

This is a furniture re-use charity which brings multiple benefits for the community and the environment. They invite you to go down and visit their warehouse store to view their wide range of items. Some delivery assistance is available.



Tel: 020 8441 5678

Email: freecyclebarnet@mods.freecycle.org

Website: www.freecycle.org

The Freecycle concept has since spread to over 85 countries, where there are thousands of local groups representing millions of people helping people by advertising on the website any items that they no longer need but may have a purpose for someone else.

You can look through the free cycle website for any item that you need and if you find what you are looking for you arrange to collect it, free of charge, with no strings attached.

General Assistance



High Barnet Good Neighbour Scheme

This charity provides a friendly voluntary service giving practical help to the elderly, sick and anyone finding it difficult to cope. It is available to anyone living in the EN5 area of Barnet.

Please contact them directly for more information

Tel: 020 8441 5678

Email: hbgns@greenbee.net

Church House, 2 Wood Street, Barnet, EN5 4BW

Application for Grant

The information you provide to us on this form and throughout the application process will help us understand if and how best we can help you.

It is a Charity requirement to investigate the personal circumstances of applicants for grants. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

To apply for a grant from EPT, you must fill in this form as fully as possible. Without accurate and complete information we may not be able to process your application.

What you need help with

Please give details of what you need help with and the reason you are not able to acquire it without assistance (if a specialist item is required such as a wheelchair, please provide cost, details and quotation from proposed supplier, if possible):

TOTAL COST:

Please provide any other information which may help the Trustees when considering your application:

Have you applied to other organisations/charities for assistance with any of the above items?

Yes No

If yes, please provide details including whether or not they have carried out a home visit:

About you

This section is about the applicant(s) applying for the grant. All sections must be completed. Please provide details of your Partner (*by Partner we mean the person who lives with you, for example husband, wife, civil partner, boyfriend or girlfriend*).

Your full name: (print name in capitals) Mr/Mrs/Ms/Miss/Other	
Partner's full name: (print name in capitals) Mr/Mrs/Ms/Miss/Other	
Home telephone No.:	
Your mobile tel. no.:	Partner's mobile tel. no:
Your email address:	Partner's email address:

Address:	
Postcode:	
Your date of birth and age:	Partner's date of birth and age:
Your National Insurance No.:	Partner's National Insurance No.:
Marital status:	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/divorced <input type="checkbox"/> Other	
If applicable, your partner's relationship to your children:	

Household Composition: please include everyone who lives in your home with you, including your own name:

Full name of everyone who lives with you	Age	Relationship to you (e.g. husband/wife, partner, son, daughter, sister, niece, lodger, other)
You:		Applicant

I have been living in the UK for the last six months:

Yes No

If no, please give details:

I am a British or EU citizen? Yes No

If you are an EU citizen please tell us which country in the EU:

If you are not a British or EU citizen, do you have current legal residency in the UK and have recourse to public funds? Yes No

If yes, please send confirmation of your residential status with this application.

Will you need an interpreter to talk about your application?

Yes No

If yes, please give details of someone who can speak on your behalf about your application:

Name:

Job title/
relationship
to you

Address:

Phone/work tel. no.:

Email address:

Do you own, hire or have the use of a vehicle: Yes No

Have you or partner previously applied for a Relief in Need grant from Eleanor Palmer Trust?

Yes No

If yes, applicant(s) name:

Was your application rejected?

Yes No

If yes, what was the reason given and the date rejected?

If your application was successful, please provide the following information:

Reason for application:

Date of application:

Amount of money awarded:

Your home

Current property type:

- Detached Semi-detached Terraced
 Flat Bungalow Room / other

Ownership/tenure:

- Home owner Privately renting Social housing (RSL or LA)
 Living with family/friends

Please provide your Landlord's/mortgage provider's name and address:

How long have you lived at your current address:

Years: Months:

If less than five years, please provide details of your former address(es) to cover this period:

Address	From	To

Did you own this property or have a mortgage: Yes No

Landlord or mortgagee's name and address.

Reason for leaving:

Address	From	To

You will need to provide up to date documentation from your GP or Consultant with regard to your medical condition(s) if applicable.

Full of doctor (print name in capitals):

Practice name:

Email:

Address:

Postcode:

Does anyone else in your household suffer from any illness or infirmity?

Yes No

If yes, please provide as much details as possible:

They will need to provide up to date documentation from their GP or Consultant with regard to their medical condition(s) if applicable

Your income

Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your partner work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your job title:	If yes, please provide their job title:
Name and address of employer:	Name and address of employer:
Date worked from:	Date worked from:

If no, please provide information relating to your previous employment over the last six years	If no, please provide information relating to their previous employment over the last six years
Job title:	Job title:

Name and address of employer:	Name and address of employer:
Date worked from:	Date worked from:
Date worked to:	Date worked to:

We need to know about the money coming into your home. You must send us photocopies of the award letters relating to the benefits, Tax Credits or Pension Credits etc. that you receive. If you are employed, please provide wage slips for the past three months.

Please calculate all figures on either a monthly or weekly basis. If you receive your money weekly, to calculate a monthly amount multiply the weekly amount by 52 (weeks) and then divide it by 12 (months). If you receive your money in a monthly amount and wish to calculate your weekly income, multiply the amount by 12 (months) and divide it by 52 (weeks).

If you need help with this section please contact Eleanor Palmer Trust Head Office.

INCOME	You £	Weekly or Monthly	Partner £	Weekly or Monthly	Family or Lodger £	Weekly or monthly
Average earnings (including self-employed)						
Rent / board received						
State Pension						
Private / Widows OR Employment Pension						

INCOME	You	Weekly or Monthly	Partner	Weekly or Monthly	Family or Lodger	Weekly or monthly
	£		£		£	
Income Support						
Job Seekers Allowance (JSA)						
Incapacity Benefit/ Employment and Support Allowance (ESA)						
PIP (Personal Independence Payment) formerly DLA						
Pension Credit						
Child Tax Credit						
Child Benefit						
Child Maintenance or Support						
Carers Allowance						
Attendance Allowance						
Any other income received, including insurance awards or payments						
Full Housing and Council Tax Benefit or						

INCOME	You £	Weekly or Monthly	Partner £	Weekly or Monthly	Family or Lodger £	Weekly or monthly
Part Housing and Council Tax Benefit						
TOTAL MONTHLY INCOME: £						

Your household outgoings

OUTGOINGS	You £	Weekly or Monthly	Partner £	Weekly or Monthly	Family or Lodger £	Weekly or Monthly
Rent / Mortgage						
Secured loan / loan /charging order						
Council Tax						
Service charge/ground rent						
Water						
Electricity						
Gas or other household fuels						
Home insurance						

OUTGOINGS	You £	Weekly or Monthly	Partner £	Weekly or Monthly	Family or Lodger £	Weekly or Monthly
Telephone and/or Broadband						
Satellite/cable						
Mobile phone						
T.V. Licence						
Household appliance rental/insurance						
Childcare / classes						
Child maintenance payment						
Fines / CCJs /decrees/arrears payments						
Hire purchase and/or catalogues						
Car loan/other loan/home improvements/pay day loans/bank loans						
Family/friends loan repayments						
Credit card/store card payment						

OUTGOINGS	You £	Weekly or Monthly	Partner £	Weekly or Monthly	Family or Lodger £	Weekly or Monthly
Car servicing/spares						
Car insurance						
Road tax						
Home insurance						
Fuel/parking						
Public transport						
Food/toiletries/cleaning						
Lunch/dinner at work						
School meals/meals at work						
Other groceries						
Other payments (please provide details)						
TOTAL MONTHLY OUTGOINGS £						

Other income

Your capital	Current balance/ value	Current balance/ Value
	You	Your partner
Bank deposit account		
Building society account		
Investments		
Other capital		
Bank accounts		
Building society accounts		
Shares		
National Savings Certificates		
Premium Bonds		
Any other income		

Debts

Please list details of all debts. You will need to provide written evidence to support your application (e.g. credit cards, catalogues, loans, rent arrears, utilities etc.)	You £	Your partner £

General Data Protection Regulations (GDPR)

If your application for a grant is successful, the personal data supplied on this form and other information will be held on file for six years. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request. If your application is unsuccessful, your application form will be destroyed and only a basic record will be kept of the outcome.

Please sign below to indicate your acceptance for Eleanor Palmer Trust to hold your personal data (it is essential that both parties sign and date the form for joint applications)

Signed (you):

Print name in full

Signed (Partner):

Print name in full

Date signed:

I hereby confirm that the above information to the best of my knowledge is true and agree to the sharing of this information with other local charities (it is essential that both parties sign and date the form for joint applications)

Signed (you):

Print name in full

Signed (Partner):

Print name in full

Date signed:

Please return completed forms to:

**Mrs G Oliver
Chief Executive
Eleanor Palmer Trust
106b Wood Street
Barnet
EN5 4BY**

If you have any queries, please contact 020 8441 3222