

# Application for Local Welfare Support



This form is issued by:

**HARTLEPOOL BOROUGH COUNCIL**

First Contact & Support Hub

Civic Centre

Victoria Road

HARTLEPOOL

TS24 8AY

Tel: 01429 284284

**OFFICE OPENING TIMES**

MON-THURS 8.30 – 5.00

FRI 8.30 – 4.30

## Name and Address

Please write clearly and tick the correct boxes.  
You must answer all of the questions. Failure to do so will result in your application form being delayed.  
Please remember to use black ink.

## For Official Use Only – Date Returned

ISSUE DATE

FORM ISSUED BY

Local Welfare Support (LWS) is a limited discretionary fund which aims to support Hartlepool residents in crisis. It includes 'In-Crisis' and 'Non-Crisis' support. A crisis must be genuine, can be evidenced and affects those that are most vulnerable.

## NON-CRISIS SUPPORT

**Please complete this form for non-crisis support and return it to Hartlepool Borough Council.**

Non-crisis support targets residents in Hartlepool who need support to move into their own home. It includes those resettling into the community.

You can only get help for non-crisis support if you are on a low income or expect to be in receipt of a qualifying benefit at the time you apply and there is enough money left in the fund (exceptions apply). Qualifying benefits are listed below but please note, if you have savings the value of any award may be reduced.

- Universal Credit
- Jobseekers Allowance (Income based)
- Income Support
- Employment and Support Allowance (Income related)
- Pension Guaranteed Credit

If you are eligible for non-crisis support **you will not get any money** but help may be given by providing **essential** household goods such as a bed, bedding, cooker or microwave, floor covering, wardrobe, crockery, cutlery etc...

## IN-CRISIS SUPPORT

**You do not need to complete an Application Form.**

**Please telephone 01429 523621 during Office Hours to discuss your crisis with an Officer.**

A crisis could be an event of great or sudden misfortune or there is a severe risk to the health and safety of the applicant or an immediate family member or dependant which cannot be dealt with via other support mechanisms.

- Awards may be made to cover the following risks:-
- No access to essential needs
  - Imminent deterioration in health

To qualify for in-crisis support you do not need to be in receipt of a qualifying benefit but awards will only be given to those most in need and only where there is enough money in the fund. If you are eligible for crisis support **you will not get any money** but help may be given by providing access to food, pre paid vouchers, gas/electricity key cards charged for you or essential household goods obtained for you.

**If you have any information on suspected Housing Benefit or Local Council Tax Support**

**Benefit fraud contact: 01429 523157**

**Information will be treated in strictest confidence.**

If you know about anyone claiming any other benefit they are not entitled to, please contact:

**The National Benefit Fraud Hotline on 0800 854440**

# Part 1 - About you and your partner

Do you have a partner who normally lives with you?

No

Yes

If you have a partner, you must answer all the questions about them, as well as yourself.

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them; or
- a civil partner or a person you live with as if you are civil partners.

You

Your partner

Surname

Forename(s)

Any other last names you have used

Title (Mr, Mrs, Ms and so on)

Date of birth

Letters                      Numbers                      Letter

Letters                      Numbers                      Letter

National Insurance number

You can find this on payslips or letters from social security or the tax office. We cannot process your request if we do not have your National Insurance number.

If you do not have a National Insurance number, or cannot find it, tick this box.

If your partner does not have a National Insurance number, or cannot find it, tick this box.

Address

(including room or flat number)

  
  
  
  
  
  

Do not tell us your partner's address if it is the same as yours.

Postcode:

Postcode:

Telephone number

E-mail address

Is this application for an address you are moving to?

Yes

No

If YES, what is the address?

What is the date you are moving?

## Part 2 - Children and other people who live with you

Do you have any children who live with you?

Yes

No

	Child 1	Child 2	Child 3	Child 4
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male/Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any other people live with you?

Yes

No

	Person 1	Person 2	Person 3	Person 4
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you or anyone else in your household pregnant?

Yes

No

If YES, who is pregnant?

When is the baby due?

## Part 3 - Additional information about you and the people who live with you

Do you or anyone who lives with you receive treatment for a serious physical health problem?

Yes

No

If YES, who has the health problems?

What are the health problems?

Who is providing treatment?

Do you or anyone who lives in your household receive any care or support for any of the following reasons:-

Homeless or at risk of being made homeless

Yes  No

Drug or alcohol abuse

Yes  No

On probation or have offending history

Yes  No

Relationship breakdown including domestic violence

Yes  No

Disability (physical or sensory impairment)

Yes  No

Mental health problem(s)

Yes  No

Need help to look after yourself

Yes  No

Other (if YES, please state below)

Yes  No

If you have answered YES to any of the above, please state who is receiving the care or support?

If you have answered YES to any of the above, please state who is providing the care or support?

If you have a Support Worker, please confirm:-

Support Workers name

Support Workers contact number

I agree to Hartlepool Borough Council contacting the Support Worker to discuss treatment, care or support in connection with this application.

Applicants signature

Date

.....

.....

If you have a Probation Officer, please confirm:-

Probation Officers name

Probation Officers contact number

I agree to Hartlepool Borough Council contacting the Probation Officer to discuss treatment, care or support in connection with this application.

Applicants signature

Date

.....

.....

## Part 4 - Reason for your Application

Tell us why you are making this application; give as much detail as you can as this will help us decide if we can make an award.

## Part 5 - What do you need?

Tell us about the things you need

- what you need
- who will use it
- why is it needed and how will it help
- for things like curtains and carpets, tell us sizes and what room they are for

Do you have any home insurance to cover any of these items?



## Part 7 - The money you pay out – continued

Tell us about loans you pay back

What do you pay out	Who do you pay	How much is left to pay back	Arrears	Weekly amount paid
Loan 1				
Loan 2				
Loan 3				
Loan 4				
Visa/credit card 1				
Visa/credit card 2				
Hire purchase				
Catalogue 1				
Catalogue 2				
Social fund				
Other				

Tell us about arrears you owe

Arrears	Amount owed
Rent	
Council tax	
Water rates	
Gas	
Electricity	
Telephone	
Other	

## Part 8 - Other information

Please tell us about any other difficulties you have not already told us about, or any other information that would support your application, tell us

- what the difficulties are
- how they affect you, anyone in your household, or anyone you look after

# Part 9 - Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. However they do not have to sign.

Please read this declaration carefully before you sign and date it. By signing this declaration you are confirming that you understand and agree that:

- The information I have given on this form is correct and complete as far as I know and believe.
- If I give information that is incorrect or incomplete, you may take action against me. This may include court action/prosecution.
- I must immediately let the Council know about any change in my circumstances that may affect my application for help from Local Welfare Support Scheme.
- The Council will hold and use my personal data in accordance with the requirements of the Data Protection Act 1998.
- The Council may use any information I have provided in connection with this and any other claim for Department for Work and Pensions benefits that I have made or may make.
- The Council may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this.
- The Council may check information that I have provided or that has been provided about me to the Council, against relevant information already held to make sure that it is accurate. The Council may also disclose or receive information to/from other public sector agencies and Credit Reference Agencies (which may include a check on undeclared cohabiters), to:
  - Prevent or detect benefit fraud and any other crime
  - To support national initiatives
  - To protect public funds

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Partner's signature

Date

If this form has been filled in by someone other than the person claiming

Appointee

Yes

Please tell us why you are filling in this form for the person claiming.

No

As far as possible, I have confirmed with the person claiming that the answers I have written on this form are correct.

Name of person who filled in the form

Signature of the person and address

Relationship to the person claiming

Date

Name and address of Appointee who will receive all correspondence:

I authorise this person to act on my behalf.

Signed by the Claimant: