

Application for Local Welfare Support



This form is issued by:

HARTLEPOOL BOROUGH COUNCIL
Local Welfare Support Team
Civic Centre
Victoria Road
HARTLEPOOL
TS24 8AY

Tel: 01429 523469

Email: welfareandbenefit@hartlepool.gov.uk

Name and Address

Blank area for 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.

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

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 523469 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.

National Fraud Initiative The Council is under a duty to protect funds it administers, and to this end may use the information you have provided for the purposes listed above in the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see www.hartlepool.gov.uk/fair-processing-notice.

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

Benefit fraud contact: 01429 523156

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

INCOME

OUTGOINGS (receipts)

INCOME	SELF	PARTNER	PAID weekly
Wages / Salary	£	£	
Income Support / Job Seekers Allowance / Universal Credit	£	£	
Child Tax Credit	£	£	
Child Benefit	£	£	
Working Tax Credit	£	£	
Pension Credit	£	£	
State Pension	£	£	
Employment and Support Allowance / Incapacity Benefit	£	£	
Self Employed Earnings	£	£	
Child Maintenance	£	£	
Non-Dependant Contribution	£	£	
Work or any other Pension	£	£	
Carers Allowance	£	£	
Other	£	£	
TOTAL	£	£	
Housing Benefit	£	£	
Do you have any savings, and how much?	£	£	
Local Council Tax Support	£	£	

		PAID weekly
Mortgage	£	
Rent	£	
Local Council Tax Support or Council Tax Reduction	£	
Water Rates	£	
Gas	£	
Electricity	£	
School Meals	£	
Child Care Costs	£	
Food/Toiletries Baby Essentials	£	
TV Licence / Rental	£	
Fines / Maintenance	£	
Car or other Travel Costs	£	
Clothing	£	
Laundry / Dry Cleaning	£	
Telephone - Landline	£	
Telephone - Mobile	£	
Life & Building Insurance	£	
Prescription / Dentist	£	
Alcohol / Cigarettes / Magazines / Newspaper / Lottery / Scratch Cards / Book Makers (Please circle)	£	
Other	£	
TOTAL	£	

Outgoings Continued.	Name of Company	How Much?	PAID Weekly/Fortnightly/Monthly	Balance outstanding
Loan (1)		£		£
Loan (2)		£		£
Loan (3)		£		£
Visa / Credit Card (1)		£		£
Visa / Credit Card (2)		£		£
Hire Purchase		£		£
Catalogue (1)		£		£
Catalogue (2)		£		£
Deductions from Benefit		£		£
Other - Please specify		£		£
		£		£

Part 4 - Additional information about you and the people who live with you

Are you or anyone else in your household pregnant?

Yes

No

If YES, who is pregnant?

When is the baby due?

 / /

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

Yes

No

If YES, what are the health problems and who has the health problems?
Please give details and provide medical evidence e.g. Letter from the GP

Who is providing treatment?

If you have any Professionals working with you, please confirm:-

Professional name

Professional contact number

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

Applicants signature

Date

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"/>
Relationship to you	<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"/>
Male/Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3 - Reason for your Application - What do you need?

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.

Please list items in order of priority (what you need most)

- 1.
- 2.
- 3.

Part 6 - 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 2018 and the General Data Protection Regulations that came into force in 2018. We will only store and use information you supply to use for the purposes of carrying out our Legal Obligations/Public Task in accordance with legislation listed on privacy notice. The information you provide will be handled in accordance with the General Data Protection Regulation and the Data Protection Act 2018. For information on how the Council process information please see our privacy notice at www.hartlepool.gov.uk/privacy-notice. It is important that you read our privacy notice so that you are aware of how and why we process your personal information. If you have any questions on how we process your data please contact the Data Protection Officer, Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY tel: 01429 523087 or email dataprotection@hartlepool.gov.uk
- 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: