

**SW9 HARDSHIP FUND**

**APPLICATION**

The SW9 Hardship Fund is a discretionary scheme for SW9 residents. It can provide a safety net in an emergency or after a disaster, provide assistance to enable independent living in the community, and can assist some families under exceptional pressure. It is intended to help with one-off needs rather than ongoing expenses.

Situations that may qualify for an SW9 Hardship Fund:

* you and your family are under exceptional pressure, for example, due to a relationship breakdown, a house fire or flooding
* you or a member of your family is returning to the community from formal care, for example, a care home, hospital or prison
* you're on a resettlement programme following homelessness or domestic violence
* your benefits are delayed and you need emergency supplies
* you have one-off travel expenses for certain journeys, for example, visiting someone in hospital.

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| **If you have made a new claim for benefits and are experiencing financial problems whilst waiting for your application to be processed you should contact the Department of Work and Pensions on 0800 055 6688 for an update and provide details to SW9 Community Housing to support your application, if necessary.** |

To access the SW9 Hardship Fund Scheme you must meet all of the following criteria as stated below. Please check that all points apply to you. You will not be able to get access the SW9 Hardship Fund if you do not meet all of the criteria.

Only in extreme cases will SW9 consider awarding the Hardship Fund to residents that do not fully meet all of the criteria’s below. You must provide full clarification in this application if you do not meet all of the criteria’s.

Further evidence may be required. We will contact you to let you know what we need when we assess your claim.

  I am an SW9 Housing resident

  I am facing extreme hardship

  I am over 16 years old

  I do not have enough savings to buy what I need

  I do not have any friends or family who could help me



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**APPLICATION FORM**

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| If you do not meet all of the above criteria’s, please explain why: |

Are you completing this form on behalf of someone else?

If so, please complete your details and state in what capacity are you acting for applicant and the name of the organisation you work for if applicable).

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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Tel Number** |  | **Relationship****To Applicant** |  |
| **Email** |  |
| **Name of Organisation**  | *If applicable* |
| **Organisation****Website** | *If applicable* |

Please complete all sections of the form. Tell us everything you think we should know, continuing on a separate sheet of paper if necessary. If you do not provide all of the information requested it may delay a decision being made about your application.

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| **SECTION 1 – YOUR (RESIDENT) DETAILS** |
| **Title** |  | **NI Number** |  |
| **First Name** |  | **Surname** |  |
| **Full****Address** |  | **Tel Number** |  |



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**APPLICATION FORM**

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| **Email** |  |

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| **SECTION 2 – REASON FOR MAKING A CLAIM** |
| Please tell us why you need assistance from the SW9 Hardship Fund. *Try to be as detailed as possible.* |

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| **HOW MUCH ARE YOU CLAIMING?**Please provide a breakdown of the amount of funds you are applying for*Don’t worry if you do not have a precise description or amount, a rough estimate will be acceptable* |
| **Description** | **Amount** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL** | **£** |



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| **SECTION 3 – DECLARATION**You must sign this declaration, even if someone has completed the form on your behalf. IMPORTANT: It is vital that you fully read and understand the declaration below before you sign and date it.  |

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| I understand that this claim is made to you, SW9 Community Housing. I declare that the information I have given on this form is correct and complete as far as I know and believe. I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.I agree that you will use the information I have provided to process this claim for the SW9 Hardship Fund Scheme. You may check some of the information with other sources as allowed by law. I understand that you will use the information I provide to process this claim and any other claim I have made or might make in the future for social security, welfare or related benefits. You may share some or all of the information with other SW9 services, data processors acting on SW9s’ behalf, including relevant credit agencies, partners and other public authorities to check the accuracy of the information, recover debts and to prevent, detect and prosecute fraud. You may also use the information to identify and advise about other services that I may be entitled to or interested in.   |

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| **Signature of applicant** |  |
| **Date** |  |

Once you have completed the form please return to SW9 Community Housing, 6 Stockwell Park, London SW9 0FG

Please note you may be asked to provide suitable ID (e.g. passport or driving licence) if your application has been successful.

Please allow three working days for a decision to be made.

*Office use only*

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|  **Date Application Received** |  |
| **Officer Name** |  |