



SW9 HARDSHIP FUND APPLICATION

The SW9 Hardship Fund is a discretionary scheme for SW9 residents. It can provide a safety net in a time of difficulty, to aid and 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.

Please read our Hardship Fund policy before you complete this application form: [SW9 Hardship Fund | SW9](#)

Examples of applications likely to be approved include:

- Prevention of fuel or child poverty;
- Provision of food vouchers or referral to foodbanks, where required;
- Provision of essentials for the home;

The following items will not be covered by the Charitable Fund:

- Living Room furniture, (excluding seating)
- Bedroom furniture (excluding beds and bedding)
- Soft furnishings
- Decorating
- Dishwashers
- Flooring, however, there may occasionally be exceptional circumstance that would enable us to help
- Replacement of faulty items which still work.

If you are not eligible for an SW9 Hardship Fund, then please refer to the [Turn2us](#) website for tailored financial support and advice.

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.

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

- I am an SW9 Housing resident.
- I am facing hardship.
- I am over 18 years old.
- I do not have enough savings to cover the costs of what I need.
- I do not have any friends or family who could help me.

SW9 HARDSHIP FUND APPLICATION FORM

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

Are you completing this form on behalf of someone else?

Yes

No

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.

First Name		Surname	
Tel Number		Relationship To Applicant	
Email			
Name of Organisation	<i>If applicable</i>		
Organisation Website	<i>If applicable</i>		

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.

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

APPLICATION FORM

SECTION 2 – REASON FOR MAKING AN APPLICATION

Please tell us in detail why you need assistance from the SW9 Hardship Fund.
Try to be as detailed as possible.

WHAT AMOUNT ARE YOU APPLYING FOR?

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	£

**SW9 HARDSHIP FUND
APPLICATION FORM**

SECTION 3 – TRANSPARENCY

For auditing purposes and to ensure transparency, please kindly state whether you are in a dispute with SW9 or Sovereign Network Group?

Yes

No

This will not necessarily affect your hardship fund application.

SECTION 4 – 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.

I have read and understood the Hardship Fund policy.

I understand that this application 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 application 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 application and any other application. 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.

Signature of applicant	
Date	

Once you have completed the form, please return to SW9 Community Housing, 6 Stockwell Park, London SW9 0FG or email Neighbourhood.Enquiries@sw9.org.uk.

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

Office use only

Date Application Received	
Officer Name	