



# GRANT APPLICATION (OTHERS)

## APPLICATION FORM & TERMS AND CONDITIONS

**Please read the eligibility criteria before completing this form. The eligibility criteria are stated on the Foundation website for your convenience.**

You must present this form together with the relevant documentation to The Liberty Foundation via email or by post. We may request the original document from you as the case may be.

### FRAUDULENT CLAIMS AND APPLICATIONS.

It is foundation's policy to inform the police in all cases where there is prima facie evidence of an attempt to defraud the foundation, or any other organisation from whom funding is obtained. This applies both in cases where false information is given and where the relevant information is not disclosed. It should be noted that information will be shared with other relevant bodies to establish whether a prima facie case exists.

**All section indicated with \* must be completed in Full**

**Personal Information**

<b>*Email:</b>		<b>*Date of Birth:</b>			
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<b>*Surname:</b>		<b>*Forename:</b>	
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<b>*Address:</b>			
<b>*Town:</b>		<b>*Postcode:</b>	

<b>*Marital Status:</b>	Single / Married / Divorced / Separated / Widowed / Co-Habiting
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<b>*Contact</b>	<b>*Mobile:</b>															<b>Home:</b>	
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***Please note: We will inform you of your application outcome by email to your personal email account, however we will also send you a text message to inform you your decision has been sent.***

**\* Residency**

<b>a) Are you a UK National?</b>	Yes / No	If yes go to f), if no continue to b)
<b>b) Are you an EU National?</b>	Yes / No	If yes go to f), if no continue to c)
<b>c) Have you been granted refugee status?</b>	Yes / No	If yes go to f), if no continue to d)
<b>d) Have you been given leave to remain status?</b>	Yes / No	If yes go to f), if no continue to e)
<b>e) If you have answered no to all the above questions please state your residency status below</b>		
<b>f) In the last three years, did you live outside of the UK?</b>	Yes / No	
If you answered yes to question f) please give details:		

**\*Bank Details** (Payment will be made into this account. Please remember to bring evidence of these details)

<b>Bank Name:</b>		<b>Account Holder Name:</b>	
<b>Sort Code:</b>		<b>Account Number:</b>	

If you have received assistance from any funding agency, please tell us where?

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**\*Financial Need** (You must complete this section to indicate what assistance you potentially need)

Please tick the categories you wish to be assessed for assistance with:

	<b><u>Category</u></b>	<b><u>Notes</u></b>
<input type="checkbox"/>	<b><u>Additional Living costs</u></b>	
<input type="checkbox"/>	<b><u>Rental Costs</u></b>	
<input type="checkbox"/>	<b><u>Childcare Costs</u></b>	Assistance <b><u>towards</u></b> costs

**\*Financial Details**

Please answer the following questions, evidence may be required to support your answers:

<b>Question</b>	<b>Answer</b>	<b>Evidence</b>
Are you aged 25 or over before 3 <sup>rd</sup> September 2019?	Yes / No	Birth Certificate
Do you have care of a child?	Yes / No	Childs Birth Cert
Are you married or in a civil partnership?	Yes / No	Marriage Certificate
Have you been in care or in placed accommodation after being in care?	Yes / No	Evidence from relevant Health Trust or social worker

**\*Household Income Details**

<b>Applicant 1:</b>		<b>Partner 2:</b>	
<b>Employment status:</b>		<b>Employment Status:</b>	
<b>Marital Status:</b>	Single / Married / Divorced / Separated / Widowed / Co-Habiting		
<b><u>Income Source</u></b>	<b><u>Person 1</u></b>	<b><u>Person 2</u></b>	<b><u>Evidence required</u></b>
<b>Employment</b>	£	£	<b>Last 3 payslips or latest P60</b>
<b>Self Employed</b>	£	£	<b>Latest verified Accounts</b>

<b>Unearned Income</b>	<b>£</b>	<b>£</b>	<b>Verified Accounts</b>
<b>Child &amp; Working Tax Credits</b>	<b>£</b>	<b>£</b>	<b>HMRC Award Notification</b>
<b>Child Benefit</b>	<b>£</b>	<b>£</b>	<b>Award Letter or Bank Statement</b>
<b>Income Support / ESA</b>	<b>£</b>	<b>£</b>	<b>DHSS Letter or Bank Statement</b>
<b>Jobseekers</b>	<b>£</b>	<b>£</b>	<b>DHSS Letter or Bank Statement</b>
<b>Universal Credits</b>	<b>£</b>	<b>£</b>	<b>DHSS Letter or Bank Statement</b>
<b>Private/State/Widow Pension</b>	<b>£</b>	<b>£</b>	<b>DHSS Letter or Bank Statement</b>
<b>Carers Allowance</b>	<b>£</b>	<b>£</b>	<b>DHSS Letter or Bank Statement</b>
<b>Other Income not listed</b>	<b>£</b>	<b>£</b>	<b>Verified data from official source</b>

**\*Applicant Consent**

We need you to consent to communicate with any appropriate private and governmental agencies in order to obtain and release information (both verbally and in written format) to enable a complete and fair assessment of your application. All information shared will be handled in a confidential manner.

I understand that I may revoke my consent at any time and this revocation must be delivered in written format to The Liberation Foundation admin team. This consent form will be valid from the date it is signed until I have completed or withdrawn from my course.

**Applicants signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

### **Applicant Statement**

You can use this section to explain any/all of the following: **reason for financial difficulties or income and expenditure**. Please provide documentary evidence where possible to support your statement.

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(Continue on a separate page if necessary)

### **\*Applicant's Declaration** (you must read and sign this section)

I certify that all particulars given by me on this form are correct and that all relevant information has been included. I understand the information provided will be handled in accordance with the General Data Protection Regulation. I understand that it is my responsibility to supply all the relevant documents to support my application, as well as any additional information that the panel requires in a timely manner. I understand that the onus is on me to prove my need for financial assistance.

If I receive Widow / Widower Support funds from The Liberation Foundation I undertake to:

- Advise The Liberation Foundation immediately if I cease to need the support and I will pay back the amount awarded to me.
- Refund any over payment, which may have occurred for whatever reason by the Liberation Foundation
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☐ By ticking this box, you are confirming that you have read the Widow / Widower Fund terms and conditions document and agree with the terms stated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*Referee Verification** (to be completed by Referee only)

I \_\_\_\_\_ (Referee Name) certify that the applicant is a widow / widower.

Relationship of Referee to applicant \_\_\_\_\_

Signature of Referee: \_\_\_\_\_ Date: \_\_\_\_\_