

APPLICATION FOR SUPPORT

The fund helps people build financial resilience, maximise income, prevent crises and access extra support. We'll try to support you by:

- Maximising your income with benefit checks, employment advice and help with money management.
- Increasing access to advice services.
- Reducing material deprivation and crisis payments through community groceries, assessment schemes and other practical help.

To apply, you must

- Be aged 16 or over
- Live in the borough of Burnley (postcodes usually beginning with BB10, BB11 or BB12). If you're unsure, check via GOV.UK for your local council
- Have savings of less than £1,000

Note: You do not need to be receiving benefits to apply.

Required Documents

You must provide at least one month of recent bank statements for all open current and savings accounts held by adults in your household. Statements must be dated within the last two months and must clearly show your name, address, account number and transactions in date order. These will be requested via email once this form is completed. Note: Incomplete documentation will delay your application.

Who is applying?

I am applying for:

- ☐ Myself (go to page 3)
- ☐ Another person * (go to page 2)

*If you selected another Person

About you, the Proxy

A proxy is someone who has the authority to represent someone else. You will receive information on behalf of the person you are applying for, and should respond accordingly.

First Name

Last Name

Address

Postcode

Phone Number

Email

Now go to page 3

Beneficiary Details

If you are completing this form for yourself OR if on behalf of someone else, please respond using the answers they would give.

Title

First Name

Last Name

Date of Birth (dd/mm/year)

Address

Postcode

Phone Number

Email

National Insurance Number

Gender

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Prefer not to say

Ethnicity

- ☐ Asian/Asian British
- ☐ Black African/Caribbean/Black British
- ☐ Mixed/multiple ethnic groups
- ☐ White
- ☐ Prefer not to say
- ☐ Other (Please Specify)

Have you, or any member of your immediate family, ever served in the British Armed Forces?

☐ Yes

☐ No

Do you have a terminal illness?

If yes, you will be asked to submit an SR1 form, which is provided by a medical professional

☐ Yes

☐ No

Do you receive any of the following benefits?

☐ Attendance Allowance

☐ Carer's Allowance

☐ Contribution-based Attendance Allowance

☐ Council Tax Support

☐ Disability Living Allowance (DLA) for disabled children

☐ Pension Credit

☐ Personal Independence Payment (PIP)

☐ Universal Credit

☐ None of the above

Employment: Are you

☐ Employed

☐ Unemployed

If unemployed: Are you

☐ Seeking Employment

☐ Retired

☐ A full-time Carer

☐ Unable to work due to ill-health

☐ In full-time Education

Home

Housing/Tenure

- ☐ Home Owner
- ☐ Private Rented
- ☐ Temporary Accommodation
- ☐ Sheltered/ Assisted Living
- ☐ Living with family
- ☐ Social Housing
- ☐ Homeless

How is your home heated?

- ☐ Mains Gas (Most Typical)
 - ☐ Oil
 - ☐ Not Sure
 - ☐ Other
-

Household Information

Other than you, how many adults live in your household?

How Many Children Under 18 live in your household?

Other than you, does anyone in your household receive any of the following benefits? (Select more than one or none if applicable)

- ☐ None
- ☐ Attendance Allowance
- ☐ Carer's Allowance
- ☐ Contribution-based Attendance Allowance
- ☐ Council Tax Support
- ☐ Disability Living Allowance (DLA) for disabled children
- ☐ Pension Credit
- ☐ Personal Independence Payment (PIP)
- ☐ Universal Credit

Other than you, is any other adult in your household? (Select more than one or none if applicable)

- ☐ Employed
- ☐ Unemployed

If unemployed are you

- ☐ Seeking Employment
- ☐ Retired
- ☐ A full-time Carer
- ☐ Unable to work due to ill-health
- ☐ In full-time Education

Application

What crisis has occurred?

You can only select one. If you are experiencing more than one, please select the one that is the most concern to you. If you select other, please give details of what occurred and how it has affected you.

- ☐ **Disaster:** Fire, flood, storm, or another emergency requiring urgent help.
- ☐ **Accident or health emergency:** Unexpected accident or illness (e.g. hospitalisation or serious injury) causing immediate financial or practical problems.
- ☐ **Household or relationship breakdown:** A relationship ended, and you or someone in your household had to leave the home quickly.
- ☐ **Essential item breakdown:** Important household items needed for daily living have broken, been lost, or are unusable.
- ☐ **Unexpected loss of income:** Your income suddenly dropped due to something unexpected, such as losing your job, reduced hours, or benefit sanctions.

Other (Please specify):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Additional crisis details

Please fully explain when the crisis occurred and what happened, why it is an emergency for you now, how the support requested will help you move out of the crisis and any other support you have or may need to help prevent this happening again. This information is required to evidence why support is needed and ensure appropriate assistance is provided.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What do you need help with? If you select other, please provide details of the help you need

- ☐ **Food:** Food and essential items like baby milk or formula
- ☐ **Essential items:** Hygiene products, cleaning items, clothing, shoes, or school uniform
- ☐ **Furniture or appliances**
- ☐ **Rent or housing:** Help to stay housed or secure accommodation
- ☐ **Essential transport:** Travel needed for appointments, work, or urgent needs
- ☐ **Debt or bills:** Urgent help with bills or debts
- ☐ **Utilities:** Water, gas, electricity, fuel, or other essential services

Other (Please Specify):

Additional support details

Explain what support you are requesting, why you need it now, and how it will help you manage your situation or prevent it happening again. Please include any evidence you have to support your request and let us know if you are receiving help from any other services.

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Who will benefit from the support?

Please select all that apply. If it is just yourself and you do not fit the categories, or someone else who is not covered by these categories, select other and input who is going to be supported

- ☐ Child
- ☐ Disabled person
- ☐ Pensioner in the household
- ☐ Other (Please Specify):

Data Protection

By signing and dating the consent box below and submitting your application, you confirm that: ·

- You consent to Burnley Council using the information you have provided to assess and manage your application.
- You consent to your information being shared with Burnley Together and relevant partner organisations where necessary to support your application.

You understand that your information may also be used to check your eligibility for additional support, including Council Tax discounts or exemptions. Your personal information will be processed in accordance with UK GDPR and data protection legislation for the purposes of:

- Assessing and managing your application
- Providing advice and support related to welfare benefits and services
- Preventing and detecting fraud
- Identifying eligibility for additional financial support

This scheme is delivered in partnership with the Burnley Together Hub and local organisations including (but not exclusively):

- Citizens Advice (including Citizens Advice East Lancashire)
- Christians Against Poverty
- ICANN
- Calico
- Lancashire Womens Centre
- New Era
- BFCitC foodbank
- Burnley Community Grocery

For full details of how your information is used, please refer to Burnley Borough Council's privacy notice.

I have read and understood the above statement.

I give my consent (sign and date):
