

**HAMPSHIRE  
AND ISLE OF WIGHT COMMUNITY FOUNDATION**

**KEEP WARM, KEEP WELL 2015/16**

**Application Form for Grants to Individuals - Referrals to HIWCF**

**Please note: only one KWKW grant per household (per year)**

**Applicant Details**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Age (*Please state Category A: 18 - 25, Cat. B: 26 - 49, Cat. C: 50 - 69, Cat. D: 70+*)

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Bank/Building Society Details:** (*please note - this cannot be a post office account*)

Bank Name \_\_\_\_\_ Sort Code \_\_\_\_\_

Account No \_\_\_\_\_

**Eligibility**

**A. Proof of Identity**

The applicant must be either 1) well-known to the assessor through their work with the organisation, or 2) they must provide evidence of their identity, preferably photo ID, or a recent utility bill.

1. The applicant is known to me in my work with my organisation (Yes / No - *delete as appropriate*)
2. (If answer to 1 is 'no') The applicant is not well known to me, but I have viewed at least 1 document evidencing ID as follows: (*delete as appropriate*)

*Utility bill / Council tax bill / Bank statement / official letter / Other (please state)*

**B. Details of need** (see guidelines for eligibility and scope of fund)

Please **delete** any that **do not** apply:

Low income  
Health condition and/or disability  
Frail older person  
Mental illness  
Vulnerable person living in deprived circumstances  
Short term crisis  
Damp or poorly insulated housing  
Fuel poverty  
Emergency DIY repairs related to heating  
Other (please explain):

The applicant struggles to maintain a basic acceptable standard of warmth Yes/No

Please explain how the award will be used:

**Note:** Payment of the award will be made to the applicant by BACS (only in exceptional cases where BACS is not possible can cash be awarded). The applicant must sign the consent (below) agreeing that you can share their details with Hampshire and Isle of Wight Community Foundation, with an assurance that their information will be kept confidential. This forms part of the application form.

**Award**

*(delete as appropriate)*

**A.** I recommend an award of £50 to the applicant

**B.** I recommend an award of up to £100 to the applicant AMOUNT £ \_\_\_\_\_

If you are requesting a **maximum award of £100**, please explain below why you believe the recipient is at the most severe level of need (see guidelines):

**Next:**

*Please print off a copy of this application form and ask the applicant to sign the consent to share information declaration in the box below. You should keep this signed copy for your records. Once you have done this, please confirm in the Assessor Declaration below (by typing in your name and the date) that you have this signed consent in place. You can then email the application to your Service Authoriser.*

**Applicant Consent to Share Information Declaration**

I agree that my details can be shared with the Hampshire and Isle of Wight Community Foundation and that they will be kept confidential.

Name (please print): \_\_\_\_\_

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

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

**Assessor Declaration**

I confirm I have a signed copy of the applicant declaration allowing details to be shared with the Hampshire and Isle of Wight Community Foundation which should remain confidential.

Name: \_\_\_\_\_

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

PCC / Other Team: (State whether Housing, Adult Social Care, Children's Social Care, Positive Family Futures or

Positive Family Steps service)

**Service Authoriser**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

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