



Rutland

County Council

Application for Discretionary Financial Crisis Support

(This fund is administered by Rutland Citizens Advice on behalf of the Council)

Full Name:

Address:

Contact phone number:

Email address:

Office use only

Date & time received:

Please take or send this completed form to Rutland Citizens Advice, 56 High Street, Oakham, Rutland, LE15 6AL.

Discretionary Financial Crisis Support (DFCS) is financial support which meets or helps to meet a need and unless DFCS is provided, the health or wellbeing of the applicant or a member of their household or family would be severely affected or disadvantaged.

If you are asking for day to day support (food, gas, electricity) we will aim to respond to your application within **3 hours**. Applications made after noon may not be decided until the next working day. If you are requesting items we will aim to respond to your application within **2 weeks**.

About your crisis

1. Please outline the crisis event that has caused you to make this application:

| | | | |
|-----------------------------------|--|------------------------------|--|
| Leaving care | | Moving home | |
| Lack of funds for living expenses | | Leaving an institution | |
| Fire | | Re-connection of fuel supply | |
| Flood | | Victim of crime | |
| Fleeing domestic abuse | | Other (specify below) | |
| Unexpected travel costs | | | |

2. Please detail what you are asking for (in priority order):

e.g. food for 3 days, fuel for cooking for 2 days, specific furniture items, etc.

| Item | Number of Days | Amount |
|---------------------|----------------|--------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |
| TOTAL AMOUNT | | £ |

3. **Please tell us about the CRISIS OR DISASTER which has caused you to apply.** *By disasters we mean events of great or sudden misfortune such as major flooding, gas explosion, chemical leak, or serious fire.*

Tell us: what happened, when it happened, if emergency services were called etc.

4. **Please tell us what SERIOUS RISK there will be to you or a member of your household, if you do not receive financial help.**

5. **Please tell us what steps you have taken to resolve your situation.**

6. **What other organisations have you approached for assistance?**

7. **Are you recently bereaved?**
i.e. within the last 3 months

Yes/No
(delete as appropriate)

8. **Have you recently permanently separated from someone? i.e. within the last 3 months**

Yes/No
(delete as appropriate)

About you and your household

9. **Tell us about yourself and everybody who lives with you:**

| | You | Your partner |
|------------------------|-----|--------------|
| Surname | | |
| Forename | | |
| Date of Birth | | |
| National Insurance No. | | |

Tell us about children under the age of 16 who live with you permanently:

| | Child | Child | Child | Child |
|---------------|-------|-------|-------|-------|
| Surname | | | | |
| Forename | | | | |
| Date of Birth | | | | |

Tell us about anyone else who lives with you permanently:

| | | | | |
|---------------|--|--|--|--|
| Surname | | | | |
| Forename | | | | |
| Date of Birth | | | | |

Disabilities and Vulnerabilities

10. **Does anyone in your household have a serious health problem?**

Yes/No
(delete as appropriate)

Is the health problem:

Temporary/Permanent
(delete as appropriate)

By health problem we mean things like a long term or serious medical condition, disability, mental health problem, infirmity or drug or alcohol problem. Please tell us:

| | |
|-----------------------------------|--|
| Who has health problems? | |
| What are the problems? | |
| How is the person affected? | |
| What treatment is being received? | |

- 18. Please give details of all savings that you have:**
e.g. bank accounts, savings, investments, bonds, property etc.

| | |
|--|---|
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |

You will need to provide your latest bank statement

- 19. Please complete the attached weekly budget statement. If any expenses are unusually high then please tell us why and what steps you have taken to reduce your outgoings:**

- 20. Please tell us how you will pay back an award:**
You may be required to pay back an award, this will be determined when your claim is assessed. Detail the amount you can afford to pay back and the frequency at which you will pay it i.e. £3.00 per week.

| | |
|---|---|
| Amount | £ |
| Frequency; <i>e.g. fortnightly/weekly</i> | |
| Method; <i>e.g. standing order</i> | |
| Date of first payment | |

21. Data Processing Notice

In order to comply with the Data Protection Act and the General Data Protection Regulation (GDPR), which comes into effect in May 2018, we have to provide you with information about the personal data you give to us. This information is set out below:

Rutland County Council is the data controller for the personal information you may provide. You can contact us by phone on **01572 722577**, via email to dataprotection@rutland.gov.uk or by writing to us at **Data Protection, Catmose House, Oakham, Rutland. LE15 6HP**

Your information will be used so that we can process your application for discretionary financial crisis support in accordance with the policy.

Your personal data may be shared with other teams within the council in order to provide a service to you, to ensure our records are kept up to date or otherwise where we are required to do so under other legislation. We may also share the data with other local authorities and organisations and may check your credit report to make sure that your information is accurate; to prevent or detect crime and to pursue debtors to protect public funds. We may share the data with third parties if we are required by law to do so which, may include the Police or Government Agencies. We will not sell your data or use it for marketing purposes without your consent.

We will keep your data for seven financial years. This is in accordance with current legislation.

You have the following rights under the GDPR. Please note not all of these rights apply to all processing. Further details on each right can be found on our website (<https://www.rutland.gov.uk>)

- *The right to be informed.*
- *The right of access.*
- *The right to rectification*
- *The right to erasure*
- *The right to restrict processing*
- *The right to data portability*
- *The right to object*
- *Rights related to automated decision making, including profiling'*

Rutland County Council would like to contact you to provide you with information on other Council Services. If you consent to us contacting you for this purpose please tick here.

If you are not happy with the way the council is handling your personal information you have the right to lodge a complaint with the Information Commissioner's Office.

Rutland Citizens Advice is the data processor and will comply with the Data Sharing Agreement which can be found on our website (<https://www.rutland.gov.uk>)

22. Declaration

Please read this declaration carefully before you sign:

I declare that the information I have given on this form is correct and complete.

I am aware that it is an offence to deliberately give false statement or withhold information in order to obtain financial support and that I may be prosecuted under the Theft Act 1968 if I do this.

I authorise Rutland Citizens Advice and Rutland County Council to make any enquiries which it feels are necessary in order to satisfy itself that the information given is true and complete.

I agree that Rutland Citizens Advice can obtain information held by Rutland County Council in order to decide any Discretionary Financial Crisis Support.

I understand that this information may be used to tell me about other benefits which I may be able to claim.

| | | | |
|------------------------|--|-------|--|
| Applicant's signature: | | Date: | |
|------------------------|--|-------|--|

| | | | |
|----------------------|--|-------|--|
| Partner's signature: | | Date: | |
|----------------------|--|-------|--|

Remember to enclose your latest bank statements

23. For people who are completing this form on behalf of someone else:

Please tell us why you are filling in this form for someone else:

I am their appointee/I have power of attorney:

Yes/No
(delete as appropriate)

I am employed by _____ and have complete the form on the applicant's behalf.

Name, address, and job title of the person completing the form on the applicant's behalf:

Please take or send this completed form to Rutland Citizens Advice, 56 High Street, Oakham, Rutland, LE15 6AL. Telephone 01572 723494.

Opening hours are: Monday 10am–5pm, Tuesday 10am–1pm, Wednesday 10am- 4pm, Thursday 10am–1pm, Friday 10am–4pm.

Do not take or send this form to the Council offices. This fund is administered by Rutland Citizens Advice.

INCOME & EXPENSES DETAILS FOR: (full name)

| INCOME | Applicant (weekly/monthly) | Partner (weekly/monthly) |
|----------------------------|---------------------------------------|-------------------------------------|
| Wages/Salary – self | | |
| Wages/Salary – partner | | |
| Pensions | | |
| Income Support/JSA | | |
| Child Benefit | | |
| Child/Working Tax Credit | | |
| Maintenance | | |
| Non-dependent contribution | | |
| Housing Benefit | | |
| Other | | |
| TOTAL INCOME | | |

| EXPENSES | (Weekly/monthly) | (Weekly/monthly) |
|--|-------------------------|-------------------------|
| Rent | | |
| Council Tax | | |
| Water Rates | | |
| Insurance | | |
| Gas | | |
| Electricity | | |
| Telephone | | |
| Housekeeping | | |
| TV Licence | | |
| Maintenance paid | | |
| Travel/Motor | | |
| School meals | | |
| Clothing and shoes | | |
| Laundry | | |
| Entertainment | | |
| Cigarettes | | |
| Prescriptions | | |
| Court fines | | |
| Childminding | | |
| Other e.g. Hire Purchase | | |
| Catalogue debts | | |
| TOTAL EXPENSES | | |
| INCOME LESS EXPENSES LEAVES | | |