



Full Name:

Address:

Home phone:

Mobile:

Date of issue:

Please complete this form and the attached budget statement to apply for Discretionary Crisis Support (DCS). DCS is financial support which meets or helps to meet a need and unless DCS is provided, the health or wellbeing of the applicant or a member of their household or family would be severely affected or disadvantaged.

About your crisis

1. Please detail the exact amount you are asking for:

£

2. Please tell us about the crisis or disaster which has caused you to apply for DCS. (disasters are 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:

3. Please tell us what the serious risk will be to you or a member of your household, if you do not receive DCS (we can only pay a crisis loan if there will be a serious risk to either the health or safety of you, or a member of your family, if you do not get a crisis loan).

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4. Please tell us exactly what you will use the DCS for, if your application is approved.

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5. Are you recently bereaved? Yes/No (delete as appropriate)

If yes, please provide the date of death, the deceased's name and their relationship to you:

Date of death	/ /
Full name of deceased	
Relationship to you	

6. Have you recently permanently separated from someone? Yes/No (delete as appropriate)

If yes, please provide the date of separation, their name and address:

Date of separation	/ /
Full name	
Address	

About you and your household:

7. Please tell us about yourself and other people who live with you:

	You	Your partner
Surname		
Forenames		
Date of birth	/ /	/ /
National Insurance Number		

Please tell us about children under the age of 16 who live with you:

	Child	Child	Child	Child
Surname				
Forename				
Date of birth	/ /	/ /	/ /	/ /

Please tell us about anyone else who lives with you:

Surname				
Forename				
Date of birth	/ /	/ /	/ /	/ /

8. Does anyone in your household have a long term or serious health problem? Yes/No (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?	

About your income and other money:

9. Please tell us about your income and other money which you regularly receive:

Type of income (please specify)	Date of last payment	Date of next payment
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

10. Are you or your partner subject to any sanctions relating to benefits you claim? Yes/No (delete as appropriate)

If yes, please provide an explanation of the sanctions:

11. Do you have any relatives or friends who could help you? Could they provide you with financial support? Yes/No (delete as appropriate)

12. Do you have any other money that you could use? i.e. bank loan, credit card, credit union account, bonds, shares? Yes/No (delete as appropriate)

13. Do you have any rent or mortgage arrears? Yes/No (delete as appropriate)

14. Please give details of any other debts that you have (loans, fines, credit cards, catalogue debts etc.):

£

£

£

TOTAL £

15. Please give details of all savings that you have (inc. bank accounts, savings, investments, bonds, property etc.):

£

£

£

TOTAL £

16. Please complete the attached weekly budget statement. If any expenses are unusually high then please tell us why:

17. 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. fortnightly/weekly	
Method i.e. standing order	
Date of first payment	/ /

18. About other difficulties or any other information:

Please tell us about any other difficulties or anything you have not already told us, these may be things like family problems, poor living conditions or coping after a disaster or life event. Tell us about anything that makes your situation unusually hard to cope with. Please tell us how this affects you or your family.

19. 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 byand have complete the form on the applicants behalf.

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

19. DECLARATION

Please read this declaration carefully before you sign:

I declare that the information which I have given on this form is true and accurate to the best of my knowledge. I am aware that it is an offence to deliberately give false statement or withhold information in order to obtain Benefit and that I may be prosecuted under the Theft Act 1968 if I do this.

I authorise 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 understand that the information that I have given on this form may be used by other departments of the Council and may be checked against the records of other Councils and Government Departments.

I agree to notify the Council immediately of any changes in my circumstances which may affect the amount of Discretionary Crisis Support that I receive; e.g. changes in earnings, the amount of any benefits or allowances that I receive, changes to the number of people who live with me, children leaving full time education etc or any other matter that is covered by this form.

I also agree that the DWP or Job Centre Plus may provide the Council with information about any benefits that I receive where it is relevant to this Application.

I agree that any information previously given on benefit applications may be used to decide any Discretionary Crisis Support.

I understand that the information that I have given on this form will be put onto a computer which has been registered under the Data Protection Act 1998 and that this information will be used to tell me about other benefits which I may be able to claim.

I live at the address given on this form.

Claimant's signature:

Date:

Partner's signature:

Date:

INCOME & EXPENSES DETAILS FOR: (full name)

INCOME	Customer to complete (weekly/monthly)	Office use only (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		