Press the blue button to the left to submit this form by email once completed.

Wokingham Borough Council Benefit Service, P.O.Box 152, Shute End, Wokingham, Berks, RG40 1WJ Main Switchboard Tel: (0118) 974 6000

Website: www.wokingham.gov.uk Email: benefits@wokingham.gov.uk



Application for Non-Emergency Local Welfare Provision (LWP)

		reference number:				
The LWP is a scheme run by WBC to help people who are in an unforeseen crisis or emergency situation and where additional financial assistance would help prevent the situation from escalating. Awards are made in the form of grants and are currently not repayable to us.						
All awards are discretiona	All awards are discretionary and subject to our qualifying criteria.					
The DHP fund is cash limit	ed and not all appl	ications will be successful.				
	To help us decide whether you should get help, please answer all of the questions on this form. If you do not, it may delay us making a decision.					
How did you find out about	the LWP scheme?	(tick which apply)				
☐ Tenancy Support Officer	\square Transform	☐ Citizens' Advice				
☐ WBC Benefit team	\square DWP	\square Other (please give details below)				

Part 1 – About You		
Your full name:	Date of birth:	Nationality:
Current Address:		
Post code:		
Phone number:	Email:	
National Insurance number:		
Are you subject to any restrictions	in applying for public fun	ds? Y / N
Your partner's full name:	Date of birth:	Nationality:
Phone number:	Email:	
National Insurance number:		
Are they subject to any restriction	s in applying for public fur	nds? Y / N
How long have you lived at your c	urrent address?	
Previous address:		
Post code:		

Part 2 – About your household						
Who lives in the property with you? Please provide their name, age, relationship to you and any income they receive						
Is anyone in your household due date	pregna	nnt? If yes, please state	who and the expected			
Are you being supported by organisation they work for.	anyone	? If so, please supply th	eir name, address and			
· · · · · · · · · · · · · · · · · · ·						
Are you happy for us to		Yes	No			
contact them to discuss your application?						
Part 3 – Your address and pro	operty	details				
Is your request for the prope you currently live in?	erty	YES	NO			
If no, what is the proposed naddress (with postcode)?	iew					

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Please explain why you are not claiming for your current accommodation e.g. fleeing domestic violence, leaving care/prison, homeless etc.			
When are you moving to your new address?			
Do you rent the home that you wish to claim for?	YES		NO
Name and address of landlord			
Please state the type of tenancy e.g. private landlord, council property, housing association, refuge, hostel etc			
Please state the type of accommodation you are moving to e.g. bedsit, caravan, house share, staying with relatives, house, room etc			
	Furnished	Part furnished	d Minimally furnished
How is the property being let?	White goods only	Unfurnished	

Part 4 – Other household and health details		
Are you or anyone else in your household, waiting for a grant or loan from any other source? E.g. budgeting loan? If yes, please give details		

home suffer any health of disability issues?	YES	NO	
If you have answered yes, please state for who and what the health or disability issues are and enclose any supporting evidence with this form e.g. medical certificates, doctor's letter etc)			
Are you leaving (or recently left) care or an institution (if yes, we will be in touch for further information)	YES	NO	
Are you, or anyone in your home experiencing domestic violence?	YES	NO	
been a relationship breakdown? W help you to stay in your home, and	how? Do you ne	ed help moving to more suit	
_			
_			
accommodation? You should give a understand the nature of your curr			
accommodation? You should give a understand the nature of your curr			

N.B. If you are eligible to apply for a Budgeting Loan from the DWP, you must apply. We will always assume that you will qualify for one unless you provide evidence otherwise. If you are a family that is looked after by Childrens' Services, you may be able to get financial help by approaching them directly under what is called Section 17.

Part 5 – Reason for/nature of current crisis					
Please indicate the main reason for your current crisis:					
Benefit changes	Homeless		Lo	Low income	
Benefit delays	Debt		Delayed wages		
Unemployed	Sickness			Refused STBA (short term benefit award)	
Domestic violence	Benefit sanctions (please state reason for sanction and provide evidence)		Ot	ther (please explain)	
Have you applied for LWP before?		YES		NO	
If this a repeat claim, please state when you last applied and what actions you have taken to address the situation that you originally asked for help with?					
Please provide as much detail as possible so that we can understand your exceptional circumstances.					

Part 6 – What items or help do you need?			
Do you need help with travel?	YES	NO	
If yes, please state reason for travel e.g. to visit sick relative, attend a hospital appointment			
Tell us about the journey – how do you intend to travel e,g, car, bus, rail?			

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Please also provide details of the journey, including destination, mileage, expected cost		
Do you need help with significant arrears of fuel costs such as gas or electricity?	YES	NO
Give details of arrears i.e. period covered and the amount		
Please explain how the arrears built up to their current level and what efforts you have made to try and clear them.		
Have you had your gas or electricity disconnected?	YES	NO
Please list any other items that you the reason why. For help with tenar advance, arrears et, please go to Pa	ncy issue	

Part 7 – Help with tenancy costs				
your current/prospective landlord or could help us deal with your claim m	eed your permission to discuss your details with removal company. Sharing information with them nore quickly. We will not disclose your personal, s. If you give consent, we may contact them to stated.			
Please sign below if you give your permission:				
Signature:				
Removal Costs/Rent in advance or o	deposit			
•	roposed costs. This should be a minimum of 2 ding VAT for removals, or evidence from the			
How much help do you need?				
(state amount)				
When did you first know that you would be moving?				
Have you been in touch with the council's Housing Needs Team? If yes, please state who has been assisting you.				
If you are waiting for a previous deposit to be returned to you, please state how much and when you expect to receive it.				
Give the reasons for why you need to move and why the new property is more suitable for your needs e.g. are you moving to smaller accommodation, is the area better suited to your medical/health needs, or nearer to a family support network				

Rent Arrears					
Do you need help with arrears?	YES	NO			
If yes, please tell us why. How did they build up, how much are they and at what stage are any recovery proceedings? Give details of any actions that you have done to try and resolve the issue with your landlord, such as negotiating a reduced rent charge or payment plan.					

Part 8 – About your income and outgoings		
Household income	Weekly £	Monthly £
Wages/Salary Self		
Wages/Salary Partner		
Housing Benefit		
Universal Credit		
Income Support		
Employment & Support Allowance		
Job Seekers Allowance		
Child Benefit		
Working Tax Credit		
Child Tax Credit		
Disability Living Allowance/Personal		
Independence Payment Mobility		
Disability Living Allowance/Personal		
Independence Payment Care		

State Retirement pension	
Pension Credit	
Works/Private pension	
Contribution from other adults in the	
household	
Maintenance	
Other income (please specify)	

Expenditure		
	Weekly £	Monthly £
Rent		
Rent arrears payment (regular extra payments		
you must make under a court order or as		
agreed with the landlord)		
Council Tax (including arrears)		
Gas		
Electric		
Water rates		
Food & Housekeeping		
Toiletries		
Clothing		
Childcare		
TV Licence		
Prescriptions		
Mobile phone/s		
Landline phone		
Internet		
Public transport		
Car – Insurance		
Car – Road Tax		
Car – Fuel		
Taxi		

fany of the expenses listed on page 6 are unusuall	y high, pleas	e adv	ise wł	ny this is:
Other expenditure – please also specify any extra health/disabilities	a expenditure	e in re	elation	n to
1	Weekly £		Mon	thly £
Life insurance				•
Home Contents Insurance				
Maintenance				
County Court/Magistrates Fines				
Satellite/Sky subscriptions				
School meals/meals at work				
Pet costs				
Other				
Credit, loans and debts (please state £)	Γ	T		1
	Balance	Wee	ekly	Monthly
	owing			
Credit Card 1				
Credit Card 2				
Mail order catalogues				
Store Cards				
Personal Loan				
Other				
Other				
Have you contacted any of the above to discuss				
reducing your payments, or been in touch with a				
debt advice service?	Yes			No

DWP/Pension Service deductions from benefits (Attachment of Benefit – AOB)		
	Weekly £	Monthly £
Water		
Social Fund/Budgeting Loan		
Short term budgeting advance		
Gas		
Electric		
Fines		
Benefit overpayment		
Rent arrears		
Council Tax arrears		
Other (please specify)		
When did the AOB start, and end?	Start:	End:

Part 8 - Payment

We will pay LWP to whomever we decide to be the most appropriate recipient and via the most appropriate method.

Some awards for costs such as rent or removal fees will always be payable to the 3rd party provider. If this is the case, we will contact them directly to obtain any relevant payee details.

Part 9 - Declaration

I /we declare that the information I/we have given on this form is correct and complete. I/we will be liable to repay any overpayments that occur should any of the information given on this form prove to be false or incorrect and you may take action against me/us. This may include court action.

I /we give you permission to use any information you have collected from my/our Housing Benefit/Council Tax Reduction application, to help decide whether Local Welfare Provision can be granted. You may check some of the information with other sources as allowed by law.

You may use any information I/we have provided in connection with this and any other claim for Social Security benefits that I/we have made or may make. You may give some information to other government organisations, if law allows this.

If you would like more information about how the Council uses your data, please see our Privacy Notices, which are available at http://www.wokingham.gov.uk/privacy/. Any data deemed to be sensitive personal data (special categories of personal data) will only be disclosed to 3rd parties where necessary to establish entitlement or otherwise as required by law.

I/we understand that I/we must inform you straight away if there are any changes in my/our circumstances.

Signed by:			
Date signed:			
If you have not completed this f must complete this section.	orm, th	e person who filled it in on your behalf	
I have filled in this form on beha	alf of:		
They cannot fill in this form beca	ause:		
My name is:			
Relationship to the person apply	ying		
I have read each question and recorded the answers given. As far as I know they are true and complete.			
Your signature:			
Date signed:			
Please return the completed application form to the address on the front page as soon as possible.			

Equalities Monitoring Questionnaire:

We would like to find out more about those who do and do not use our services. We want to ensure that our services are accessible to, used by and useful to people from all sections of society, and will take steps to address gaps and barriers once we know about them. Answering these few questions will help us to do this.

Gender – what is your gender?	
☐ Female	
□ Male	
☐ Prefer not to say	
Ethnic group – what is your ethnic group?	
Asian/Asian British:	
☐ Bangladeshi	
☐ Indian	
☐ Pakistani	Black/African/Caribbean/Black
☐ Chinese	British:
☐ Any other Asian background	☐ African
Please	☐ Caribbean
specify	☐ Any other black background
Mixed/Multiple Ethnic Group:	Please
☐ White and Asian	specify
☐ White and Black African	
☐ White and Black Caribbean	Other Ethnic Group:
\square Any other Mixed/Multiple ethnic	│
background	
Please specify	☐ Any other ethnic background
[Please
White:	specify
☐ English/Welsh/Scottish/Northern	
Irish/British	
□ Irish	\square Do not wish to declare ethnic
☐ Any other White background	group
Please	
specify	

For advice about tackling debt, you may wish to consider contacting one of the following:

Citizens Advice – Contact the local office:

Visit the website – <u>www.citizensadvicewokingham.org.uk</u> Freephone – 0800 278 7958

Money Advice Service - Tel: 0800 138 7777 or visit their website www.moneyadviceservice.org.uk

National Debtline - Tel: 0808 808 4000 or visit their website www.nationaldebtline.org

Stepchange - Tel: 0800 138 1111 or visit their website www.stepchange.org

The list above is an example of sources of help - other debt advice services are available.

Other sources of help:

Home Start UK - a source of help for families:

Wokingham District - Tel: (0118) 988 8025 or visit their website at www.home-start.org.uk

Turn2us - a charity that helps people in financial need to access welfare benefits, charitable grants and other financial help. Visit their website at www.turn2us.org.uk

Transform Housing & Support - support for people in their own homes with housing related issues:

Tel: (0118) 978 7750, email: wokingham@transformhousing.org.uk or visit their website www.transformhousing.org.uk