APPLICATION FOR A GRANT FROM THE HELPING HAND DNA FUND

FORM DNA1



GUIDELINES

□No □Yes

- If this form is not completed correctly, it will be returned.

| The | ΗД | Inina | Hand | Fund |
|-----|----|-----------------|-------|-------|
| | | $ \mathcal{V} $ | Hallu | 1 411 |

| Do you or your partner, together, in a year have a total income from all sources before tax or any other deduction, of more than £12,475 (£239.90 a week)? | | | | |
|--|---------------------------------|--|--|--|
| Your Partner: ☐ Income support ☐ Income-Related Employment ☐ Guarantee State ☐ Income-Based Jobseeker's and support allowance Pension Credit Allowance: When did you last sign on? ☐ ☐ ☐ / MM / YYYY ☐ | | | | |
| □ No □ Yes: You: □ Income Support □ Income-Related Employment □ Guarantee Sta and support allowance Pension Credit | | | | |
| Do you or you partner receive any of the following benefits? | | | | |
| YOUR INCOME AND YOUR PARTNER'S INCOME | | | | |
| | Postcode: | | | |
| No ☐ Yes: Partner's Address: | | | | |
| □No □Yes: Partner's Address: | | | | |
| Is your partner's usual home address different to yours? | | | | |
| Someone else's home - Your Relationship: | ☐ You and your partner, jointly | | | |
| ☐ A Tenancy (Rented) ☐ Temporary ☐ You parents' home (you live with them) | ☐You ☐Your partner | | | |
| | · | | | |
| Your usual home address is: | Owned by: | | | |
| | Postcode: | | | |
| ☐ This Address: | | | | |
| This Address. | | | | |
| ☐ Your solicitor's address (Side) | Postcode: | | | |
| ☐ Your usual home address (Above) Solicitor's Address: | | | | |
| To what address should we write to you? | | | | |
| Mobile Number: Work F | none number: | | | |
| | | | | |
| Email Address: | Home Number: | | | |
| | Postcode: | | | |
| □ No □ Yes: Address: | | | | |
| | | | | |
| Do you have a usual home address? | | | | |
| Title First Name CONTACTING YOU | Last Name DOB | | | |
| | DD / MM / YYYY | | | |
| ABOUT YOU | | | | |
| | | | | |
| - If you need more help or advice, please contact us or a solicitor. CASE REFERENCE (For Office U | | | | |
| - This form must be completed in BLOCK CAPITALS. | | | | |

| Do you oversea | | r partner own or part-own any land or property of any kind, including your own home, in the United Kingdom or |
|-------------------|-----------|---|
| □No | □Yes | |
| Do vou | or vou | r partner have any savings or investments in the United Kingdom or overseas? |
| - | □Yes | , |
| | | |
| Do you | r answe | ers to the previous questions tell us that you have no income from any of the sources which we have asked about? |
| □No | ☐ Yes: | How do you and your partner pay your bills and your daily expenses? |
| | | |
| | | |
| DECLAR | ATION | |
| | | |
| - | oply for | Assistance from the Helping Hand DNA Fund |
| i decia | re that | This form is a true statement of my financial circumstances and those of my partner to the best of my knowledge and belief. I understand that this form must be fully completed before a grant can be issued. I understand that if I tell you anything that is not true on this form or the documents I send with it, or leave anything out: - I may be prosecuted for fraud. I understand that if I am convicted, I may be sent to prison or pay a fine. - The Helping Hand DNA Fund may change the amount of the contribution which I must pay. |
| C | hanges | I agree to tell the Helping Hand DNA Fund if my income or capital or those of my partner change. These changes include the sale of property, change of address, change in employment and change in capital. |
| Notice o | n fraud | If false or inaccurate information is provided and fraud is identified, details will be passed on to fraud prevention agencies to to prevent fraud and money laundering. |
| | | DD / MM / YYYY Signature Date Full Name (BLOCK CAPITALS) |
| FOR OF | FICE US | E ONLY |
| l baya na | to o d | I the assessment for each number. |
| | | the assessment for case number: |
| | | tion is passed. |
| ☐ The | e applica | tion is refused . My reason(s): |
| | | |
| | | |
| | | |
| ☐ Gra | anted: No | o income contribution |
| ☐ Gra | anted: Co | ontribution of: _ £ |
| | | |
| | | |
| | | |
| | | |
| | | DD / MM / YYYY Signature Date Full Name |