

Grant Guidance Notes

Hospitality Action, 62 Britton Street, London EC1M 5UY
© Hospitality Action | Registered Charity No.1101083
Registered in England & Wales Company No.04914871

Hospitality
Action

PLEASE READ THE NOTES BELOW CAREFULLY BEFORE COMPLETING THE APPLICATION FORM.

Can we help you?

Hospitality Action is the **trade charity** for the hospitality industry and as such we can only consider applications for financial assistance from people who have past or current employment within the UK hospitality industry. Please read the 'Are we able to help you?' section on our website thoroughly before submitting your application.

We generally support people who have worked during one of the following time frames:

- Currently working within the industry
- Have worked for seven years or more in their lifetime

If you have previously received a grant from us, we cannot usually consider further support for **at least** two years from the date of your last application (depending on your years of employment in hospitality). However, if there has been a significant change in your circumstances please contact our grants team to discuss your situation before completing a new application.

Reason for application

We try to offer help in as many ways as possible but at present we **cannot** consider applications for:

- Education related costs.
- Private medical treatments.
- Legal costs (except debt solution fees such as bankruptcies and Debt Relief Orders).
- Residential Care fee shortfalls.
- Business costs such as start up costs or any ongoing bills.
- Non-priority debts such as credit card debts, overdrafts, payday and unsecured loan repayments.
- Payday advances.

Application Process

- Completed application forms are checked through by our caseworkers.
- If there is any information missing or we have any queries we will contact the supporting agency or the applicant directly depending on the nature of the query.
- Once we have all the information we require the application will be presented for consideration.
- Written notification of our decision will be sent out via post or email. If we cannot help with your request we will explain why.

Supporting Documentation

Mandatory Supporting Evidence

To confirm your income and financial situation we require copies and/or scans of the following:

- Please send a copy of all pages of a recent full months' bank statement for all individual and/or joint current and savings accounts held by you and/or your partner/spouse.
- Evidence of your current/past employment within the U.K. hospitality industry, e.g. payslips, contract of employment, P45/P60s, HMRC records, etc
- If you receive Universal Credit please send a copy of all pages of your most recent award statement.

Other Supporting Evidence

What you are seeking help with will influence the type of supporting documents required.

- **Debts** – A supporting letter will need to come from a specialist debt advisor such as PayPlan, Citizens Advice or Step Change outlining how the debts arose, whether a debt management plan is now in place and/or recommending a particular debt solution.
- **Furniture and Flooring** – If you are requesting help with carpets or other flooring we will need at least one quotation.
- **Mobility Items** – We can consider help towards the cost of mobility items such as mobility scooters, riser/recliner chairs and profiling beds. Any application like this will need to be supported in writing by an Occupational Therapist who can confirm your medical need. You are entitled to an OT assessment from your local authority. If you face a long waiting list for this assessment we may be able to fund a private assessment.
- **Housing Repairs** – We can consider assisting with repairs to boilers and central heating systems and shortfalls in Disabled Facilities Grants. If you require any other type of household repair please email grants@hospitalityaction.org.uk for further information about this before completing the application.
- **Rent and/or Deposit for a tenancy** – We will require evidence of the cost to secure the tenancy i.e. a copy of the tenancy agreement.
- **Funeral Costs** – we will need you to have approached the government's Bereavement Service to apply for a Funeral Expenses Payment first and will need to see a copy of their decision letter. We will also need a copy of the funeral director's bill.

Data Protection/GDPR

How we treat and process your data with regards your application for assistance is covered by the General Data Protection Regulation (GDPR) (EU) 2016/679.

Our Privacy Policy can be found on our website - <http://www.hospitalityaction.org.uk>

If you have any questions about any part of our application form or what we require please don't hesitate to get in touch via grants@hospitalityaction.org.uk

PLEASE NOTE

It will slow down your application if you return an incomplete form or do not send in the supporting documentation required.

Main Grant Application Form

Hospitality
Action

Hospitality Action, 62 Britton Street, London EC1M 5UY
© Hospitality Action | Registered Charity No.1101083 | Registered in
England & Wales Company No.04914871

CONFIDENTIAL

Although this form may appear very detailed, the more information that you supply us with the better we can assess your case. Please refer to our guidance notes for information regarding the type of assistance we can provide.

1. Applicant's details: i.e. the person who has worked in the hospitality industry or their widowed partner. (this section MUST be completed by all applicants)

Title: Mr Mrs Miss Ms Other

Surname			
First Name			
Date of Birth		National Insurance No:	

Marital Status: Single Married/Partner Separated Divorced Widowed

Address				Telephone Number (s)	(Tick if can leave a message)
County					
Postcode				Email	

Have you applied to us before? Yes No

2. Who else lives with you? (this section MUST be completed by all applicants)

Spouse/Partner Title: Mr Mrs Miss Ms Other

Surname			
First Name			
Date of Birth		National Insurance No:	

Children / Other

Gender	Month & Year of Birth	Relationship	Occupation	Weekly Net Income/State	Weekly Financial Contribution

For Office Use Only

HA Ref:

Date:

3. Income and Expenditure (this section MUST be completed by all applicants)

Please provide us with details of your household income and expenditure and let us know whether the payments you receive/make are weekly/fortnightly/4 weekly/monthly etc.

INCOME	Applicant	How often	Your spouse / partner	How often	EXPENDITURE	Amount £	How often	Arrears £
Wages (after tax & deductions)	£		£		Mortgage			
State Retirement Pension	£		£		Rent			
Work Pension	£		£		Council Tax			
Private Pension	£		£		Water/Sewage			
Sick Pay (statutory / company)	£		£		Gas			
Maternity Pay (statutory/company)	£		£		Electric			
Income Support / Pension Credit	£		£		Other fuel (please specify)			
Jobseekers Allowance	£		£		Food (for how many)			
Employment & Support Allowance	£		£		Cleaning Materials / General Household items			
Housing Benefit / Local Housing Allowance	£		£		Domestic Help/ Window Cleaner / Gardener			
Support for Mortgage Interest	£		£		Contents / Buildings Insurance			
Council Tax Reduction	£		£		Mobile Telephone			
Universal Credit (if possible forward a recent award letter)	£		£		Landline Telephone			
Carers Allowance	£		£		TV/Satellite/Cable/ Broadband			
Disability Living Allowance (Mobility) Is this used for a Motability car? Yes No	£		£		TV Licence			
Disability Living Allowance (Care)	£		£		Newspapers/Magazines			
Personal Independence Payment	£		£		Outings/Day Centre/Club			
Attendance Allowance	£		£		Toiletries/Cosmetics			
Working Tax Credits	£		£		Haircuts			
Child Tax Credits	£		£		Glasses/Dental Treatment			
Child Benefit	£		£		Clothing			
Maintenance From Ex-Spouse/Partner	£		£		Life Insurance			
Income from Charities	£		£		Travel fares (taxis /buses etc.)			
Any other benefits/ income (please specify)	£		£		Car Running Costs (petrol, tax, insurance)			
					Care Costs			
					Special Diet			
					Childcare Costs			
					Pets			
					Medical/Incontinence Items			
					DWP deductions			
					Other expenditure (please specify)			

Total Income per Total Expenditure per

4. Are you awaiting the outcome of any benefit applications?

Please let us know if you or your spouse / partner have made any applications for state benefits but are still awaiting a decision from the relevant government department. If you are, please also let us know which ones.

5. Savings/Capital/Investments (this section MUST be completed by all applicants)

Do you or your spouse/partner have any capital, savings or investments? Yes No

Please detail below the balances of **all** your bank / building society / Post Office accounts etc. (including the one that you pay your bills from) and enclose a copy of your latest statement (s) as supporting evidence.

Bills Account	£	Deposit Accounts	£
Building Society	£	Premium Bonds	£
Bonds	£	Stocks/Shares (current value)	£
ISAS/PEPS/TESSAS	£	Other	£

6. Debts

Please include all debts e.g. HP, loans, Social Fund, credit cards.

Purpose of Loan/ type of arrears	Name of lender/creditor	Date taken out/incurred	Original amount	Outstanding amount	Weekly repayment

7. Accommodation (this section MUST be completed by all applicants)

Housing Status:

Home Owner Private Tenant Housing Association Council Tenant

Sheltered Accommodation Residential / Nursing Home Other

Home Owners:

Do you have a mortgage? Yes No How much do you owe? £

Type of mortgage: Repayment Interest only Remaining length of mortgage years

How much is your home worth? £ How many bedrooms does it have?

Is your property jointly owned? (if so with whom)

Do you have any other loans secured on the property? (If yes please provide details)

Renting:

How many bedrooms do you have? How long have you lived in this property?

8. Employment (this section MUST be completed by all applicants)

Current/Most recent employer details:

	Current/Most recent employer details	Location (town and county)	Your job	Start Date (Month & Year)	Number of Hours worked/week	Reason for & Date of Leaving (if applicable)
Applicant						
Your Spouse/ Partner						

Applicant's previous employment within the Hospitality Industry: (please continue on another sheet if necessary)

Name of company	Location (town and county)	Your job	Dates worked		Number of Hours worked/ week
			From (Month & Year)	To (Month & Year)	

Other employment history:

Type of work	Number of years worked	Who worked there (You or your spouse)?

Please upload or attach copies of any payslips, pension slips, letters, or other documents that you have, as proof of having worked in the industry. If you do not have any documents of this type please contact us to discuss other options.

If you have recently lost your job due to the Covid-19 pandemic please attach any written evidence (letter on headed paper, email from a business email address) from your employer where you have either been made redundant or had your hours or pay reduced (including furlough or layoff) as a direct result of the coronavirus.

9. Armed Forces Service

Have you or your spouse/partner ever served in any of HM Forces? Yes No

If yes please let us know which branch of the forces you served in:

--

10. Ethnicity

To inform and improve our service it would help us to know your ethnic group. We will keep this information confidential and it will not be used to determine the outcome of your application. You may choose not to answer the below question. Choose ONE section from A to E and fill in the appropriate box that best describes your ethnic group or background.

- | | | |
|---|---|--|
| A. White
British
Other | B. Mixed
White and Black Caribbean
White and Black African
White and Asian
Other <input type="text"/> | C. Asian or Asian British
Indian
Pakistan
Bangladeshi
Other <input type="text"/> |
| D. Black or Black British
Caribbean
African
Other <input type="text"/> | E. Chinese
Chinese
Other <input type="text"/> | F. Other Ethnic Background
<input type="text"/> |

11. Reason for application (this section MUST be completed by all applicants please continue on another sheet if necessary)

You may wish to include in this section any information about a disability and/or physical or mental health condition, this is entirely at your discretion. We will keep this information confidential and it will not be used to determine the outcome of your application.

12. Other Charities

Please provide us with details of any other charities you have applied to, what you applied to them for and their response.

Name of Charity	Applied for help with	Their response

13. Statutory Funding

Have you applied for any assistance either from your Local Authority or Government? Yes No

If yes, please provide details.

14. Family Contribution

Are you or your family able to make any contribution to the cost of the item? Yes No

If yes, please please tell us how much.

15. Grant Payee Details

If a grant is awarded our preferred method of payment is via bank transfer directly to a supplier or supporting agent. Some grants we can award directly to your nominated bank account so please provide us with the appropriate following information:

Bank Name	
Account Name	
Account Number	<input type="text"/>
Sort Code	<input type="text"/>
Building Society Roll Number (if applicable)	
Your Reference	

16. Who told you about us?

Please let us know who told you about us

17. Checklist of enclosures

Please refer to our guidelines for information regarding supporting documentation that needs to be attached to your application and be aware that failure to supply all the documents we need will delay the processing of your application. Please let us know which supporting documents you have sent us:

Proof of work in the hospitality industry

Proof of income inc. (as relevant) information re: impact of Coronavirus on your job/hours.

Supporting letter from independent third party /supporting agent

Proof of savings

Written Consent Letter from Applicant

Medical evidence

Other

18. Declaration Statement (please read this section carefully, by ticking and signing below you are confirming the statement to be true)

I (name of applicant) and (name of partner/spouse)
of
 (address)
on (date) have read and understood the following and confirm that:

- All the information provided in the application form is true and correct and full disclosure of all income, capital, savings and investments has been made.
- I /we will inform Hospitality Action of any change in circumstances that I/we may have during the application process.
- I /we permit Hospitality Action to confer with other charities/bodies regarding my/our application.
- Any false or misleading information can result in the withdrawal or repayment of any grant that may be awarded.
- I/we consent to the collection, processing and dissemination of this information by Hospitality Action in line with the General Data Protection Regulation (GDPR) (EU) 2016/679 and to its storage in both paper and digital format.

I am the applicant and I give Hospitality Action consent to discuss this application and the details contained within it with the person/organisation named below and authorise the person/organisation to provide information back.

I am the spouse/partner of the applicant and I give Hospitality Action consent to discuss this application and the details contained within it with the person/organisation named below and authorise the person/organisation to provide information back.

Name Organisation Email

Applicant's Signature:

Partner's Signature:

Supporting Agency: (please tick as appropriate)

I am a supporting agent and:

1. I confirm that I have explained to the person I am supporting that I need to obtain their verbal consent, as signed consent is not possible due to Covid-19 social distancing measures.
2. I confirm that I have sent a link to or explained to the person I am supporting the contents of Hospitality Action's Privacy Policy (<https://www.hospitalityaction.org.uk/privacy-policy/>) and how their personal data including special category data, will be used by Hospitality Action and its suppliers of goods, if I apply for a grant to Hospitality Action on their behalf.
3. I confirm that the person requiring support has spoken to other members of their household (where relevant) about providing their information on the application form, and gives their fully informed consent for Hospitality Action to use their personal data and special categories data in line with the purposes set out in Hospitality Action's Privacy Policy.
4. I declare the information I have provided is true to the best of my knowledge and is as given to me by the applicant/my client.

Name Organisation Supporting Agent Signature:
Email