Supported by:







farnham maltings

The Farnham Parochial Charity

# Farnham Coronavirus Support Fund

plication for Assistance		Reference No: Date Received:
Section I	Date of birth:	
Name:		
Address:		
Telephone(Home):	Mobile:	
Email:		
Section 2		
Referrer's Signature:	Date:	
Name:	Occupation:	Contact Number:
Council Privacy Policy.	hat you agree to us collecting, using, storing and sharing your personal in	formation in accordance with the Farnham Town
Section 3		
Reason for the application (e.g. fir	nancial situation and health issues)	
Section 4		
<b>Section 4</b> Household finances (give details t	hat you feel are relevant)	
<b>Section 4</b> Household finances (give details t Total weeklyincome: £ Weekly		please state which:
<b>Section 4</b> Household finances (give details t Total weeklyincome: £ Weekly Household details:	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p	please state which: Ages of children
<b>Section 4</b> Household finances (give details the set of	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p	
<b>Section 4</b> Household finances (give details the set of	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p ss Number of children living at this address	
Section 4 Household finances (give details t Total weeklyincome: £ Weekly Household details: Number of adultsliving at thisaddres Are you receiving help from other I	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p ss Number of children living at this address	
Section 4 Household finances (give details t Total weeklyincome: £ Weekly Household details: Number of adultsliving at thisaddre: Are you receiving help from other I If yes please give details Section 5	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p ss Number of children living at this address local charities/organisations? Yes No	
<b>Section 4</b> Household finances (give details t Total weeklyincome: £ Weekly Household details: Number of adultsliving at thisaddres Are you receiving help from other I If yes please give details	hat you feel are relevant) y expenditure: £ Do you receive State benefits, if yes, p ss Number of children living at this address local charities/organisations? Yes No Date:	

Please refer to the guidance notes overleaf to complete the application form

# Section I

The applicant should complete this section in full giving full name, address and telephone numbers. An email address is also preferred for contact purposes.

### Section 2

Applications are generally not considered unless they are supported by a referee. This could be a Social Worker, GP, Social Services, Home School Link Worker, Head Teacher, Health Visitor, Nurse or applicable Voluntary Organisation. The referee should know about the applicant's situation and be able to verify the details. A covering letter/email must accompany the application. The referee should state their name and occupation and provide a telephone number for contact purposes. The Farnham Coronavirus Support Fund may contact the referee to verify details.

You are requested to confirm that you agree to the Support Fund processing your details and data in accordance with our privacy policy.

## Section 3

It is important to state the type of assistance required. We would expect some effort to be made with regards to size and type of arygoods required as well as their estimated costs. For example, if support with fuel bills are requested then we would expect details of these.

The second part of this section requires a clear description of the need for the application. This may require details of household or financial circumstances including health issues to support the application. Your application may be shared confidentially with the Citizen's Advice Bureau, Farnham Money Advice, Farnham Foodbank, or another local organisation we think can assist help you.

### Box 4

Please detail any relevant household financial details including weekly income and expenditure, whether the applicant receives State benefits, and the household details including the number of adults and dependent children.

It is important that details of what support has been received or requested from other charities/organisation is included.

# Box 5

The applicant needs to sign and date this section and confirm that all the details are correct.

You are requested to confirm that you agree to the Support Fund collecting, using, storing and sharing your personal information in accordance with our privacy policy. It will only be used in connection with this application and kept confidentially.

Please return the completed application to: supportfund@farnham.gov.uk or The Farnham Coronavirus Support Fund c/o Farnham Town Council, South Street, Farnham, Surrey, GU9 7RN