

# LMG LOGO

## APPLICATION FORM

### How Can We Help You?

We help people aged 50 and over who live (or have lived) in the Merseyside area, who are in financial hardship and who have worked in a professional or self-employed capacity, or in a supervisory, clerical or non-manual role in the past, or who are still currently in post.

We are looking to support eligible applicants who do not have the resources to pay for the normal things in life. We can do this through regular payments to support you to cope more easily with daily living expenses and/or through one-off grants to help you to maintain your independence (e.g. equipment or home adaptations).

#### Liverpool Merchants' Guild can offer:

- **Regular Payments to supplement income**
- **One Off Grants to pay for items of exceptional expenditure, equipment or adaptations to support independent living,**

**OR a combination of both, up to a total award of £6000 per beneficiary, per annum.**

### Are You Eligible?

The following eligibility criteria are laid down in the Liverpool Merchants' Guild's Charter – all applicants need to meet each of these:

#### Eligibility criteria

- An applicant must be aged 50 or over.
- An applicant must either currently reside in Merseyside **or** have resided in Merseyside in the past for a continuous period of at least 15 years.
- An applicant should have been a professional or self-employed person, a person who worked in a supervisory capacity, a clerical or a non-manual worker.

#### Data Protection Act 1998

The information requested on this form is required to enable us to administer the affairs of Liverpool Merchants' Guild and comply with Charity legislation. It will not be disclosed to third parties without your consent.

**ALL APPLICATIONS WILL BE TREATED IN THE STRICTEST OF CONFIDENCE.**

**Please contact us if you have any queries about this application form or require further clarification – The Secretaries, Moore Stephens (North West) LLP, 110-114 Duke Street, Liverpool L1 5AG**

**tel: 0151 703 1080**

**email: [alison.rawlinson@liverpoolmerchantsguild.org.uk](mailto:alison.rawlinson@liverpoolmerchantsguild.org.uk)**

**Section 1: What Are You Applying for from The Guild?**

**1.1 Please tick which type of support you are applying for from Liverpool Merchants' Guild:**

Regular Payment

Please complete all pages of this application form **EXCEPT FOR Section 4**

One Off Grant

Please complete **ALL sections of this application form**

If eligible, would you also like to be considered for a regular payment?

Yes  No

**1.2 How did you hear about the Liverpool Merchants' Guild?**

Introduction via an advice/support org/Intermediary who is assisting me to make this application - please go to 1.3

Internet/search engine/website – please go to 1.5

Word of Mouth – please go to 1.5

Other (please detail & go to 1.5)

**1.3 Please include the contact details for the agency which is assisting you to make this application:**

Organisation:

Staff Member:

Job title:

Email address:

Phone number:

Please ask the person named above to write a letter of support confirming your circumstances and why you need support from Liverpool Merchants' Guild.

**1.4 If introduction/support in applying is via an intermediary/advice agency/support organisation, do we have your permission to keep them updated about your application, make further enquiries about your application and/or inform them of any award made to you?**

YES  NO

**1.5 How would you prefer us to make contact with you if we require further information when assessing your application.**

By post:  By email:  By phone:

**Section 2 - Your Personal Details**

**2.1**

**Title:**  **First Name:**  **Surname:**

**Address**

**Postcode**  **Telephone: Home**  **Mobile**

**Email:**

**2.2 Number of Years you have lived in Merseyside**

If your current address is **NOT** in Merseyside please supply details of previous addresses showing at least 15 years continuous residence in the area. Please attach a separate sheet if necessary.

Address 1  From/To

Address 2  From/To

Address 3  From/To

**2.3 Is your home:** Owned outright  Owned with mortgage  Rented   
(tick as appropriate)

**2.4 Does your rent or service charges payable include any of the following:-**

Heating  Manager Services

**2.5 Date of Birth**

**2.6 Current or Former Occupation:**

Categories: Professional  Self-Employed  Supervisory  Clerical  Non-Manual

Job Title:

Organisation:

Length of Service

**2.7 Current Marital Status:**

Single  Married  Widowed  Divorced/Separated  Civil Partnership

**2.8 Please give details of your next of kin or personal representative**

Name  Address   
Telephone

**2.9 Do we have your permission to liaise with your next of kin/personal representative if necessary?**

YES  NO

**Section 3 - Your Household - Who Lives with you?**

**3.1 Do you live:** Alone  With Wife\*Husband\*/Partner\*   
With Children  Other\*

(tick as appropriate)

\*Please give full name(s)   
relationship and occupation(s)

**3.2 How many children 16 & under live with you?**  **Ages of children under 16.**

**3.3 How many other adults or children over 16 live with you?**  **Ages of adults/ children over 16?**

**3.4 Are any of the above employed? Please give details below:**

**3.5 Are you or anyone in your household disabled?**  **If YES, please tell us who**

**3.6 Besides you and your partner does any other person living in your household contribute to household expenditure?** Yes  No

If YES how much is their weekly contribution?

## Section 4 - One Off Grants

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Liverpool Merchants' Guild will consider applications for grants for items of exceptional expenditure, equipment or adaptations to support independent living. Should you wish to apply for a grant please complete this section of the Application Form

**THE MAXIMUM GRANT AVAILABLE IS £6000.**

### 4.1 Purpose of grant

Please provide a brief description of the item(s) required and the benefit to you.


### 4.2 Amount of grant requested

£

### 4.3 Please provide details of a minimum of 2 supplier's estimates showing the full cost.

	£
Estimate 1:	
Estimate 2:	

### 4.4 Professional Assessment

Has an assessment been carried out by a qualified person (e.g. Occupational Therapist/Social Worker/GP) which confirms the need for the above item(s) and their suitability for use by you?      YES       NO

If YES, please attach a copy of the assessment report to this application.

### 4.5 Other funding

Have you made any applications to other organisations for funding in respect of the item(s) set out above?

YES       NO

If YES please provide details of the organisations approached and the amounts of any awards made

Organisation	Award Made

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**Section 5: Your Financial Information – ALL applicants should complete this section**

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If we assess your application as suitable for further consideration, we will ask for supporting documentation when we inform you if we are progressing your application. Our staged approach aims to reduce the amount of information required at this stage.

Please enter details of gross income before deduction of income tax

### 5.1 Income

	Self	Partner		Office Use Only
State Pension	£	£	Per week	
Pension Credit	£	£	Per week	
Income Support	£	£	Per week	
DLA/PIP payments (please specify):	£	£	Per week	
Other state benefit (please specify):	£	£	Per annum	
Occupational Pension	£	£	Per annum	
Bank/Building Society Interest	£	£	Per annum	
Dividends (please attach details)	£	£	Per annum	
Income from family and relatives	£	£	Per annum	
Other income (please specify):	£	£	Per annum	

### 5.2 Outgoings

			Office Use Only
Council Tax (Amount payable by you)	£	Per annum	
Rent	£	Per week	
Housing benefit received	£	Per week	
Mortgage interest payable (not capital element)	£	Per annum	
Mortgage interest benefit received	£	Per week	
Balance of mortgage outstanding	£		
Water Rates	£	Per annum	
Nursing or residential home fees (payable by you)	£	Per week	

### 5.3 Capital

	Amount £	Office Use Only
Cash in bank - give details of bank(s)		
Cash in building societies - give details of building society(s)		
Stocks and shares (please attach details)		
Savings Certificates		
Any other capital (please attach details)		

**5.4 In order to comply with Charities Common Reporting Standard (CRS) Regulations please confirm whether or not you are resident in the UK for income tax purposes**

I am resident in the UK for income tax purposes

I am **not** resident in the UK for income tax purposes

**Section 6 – Further Information**

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**Please use the box below if you wish to provide further details/information about why you are applying to the Liverpool Merchants’ Guild for support**

**Section 7 - Form of Declaration**

**7.1 Declaration**

I declare that the statements I have made on this application form are true and correct to the best of my knowledge and belief.

**Signature** ..... **Date** .....

**Submitting Your Application to Liverpool Merchants’ Guild**

**Before sending this form to us please check that you have done the following:-**

Completed all relevant sections of this form

Signed the declaration

Included a letter of support from your recommender if applicable

If applying for a One Off Grant, please include a copy of assessment report, if appropriate

**Completed forms:**

**Please send or email your completed application form to:  
The Secretaries, Moore Stephens (North West) LLP, 110-114 Duke Street, Liverpool,  
L1 5AG, or email: [alison.rawlinson@liverpoolmerchantsguild.org.uk](mailto:alison.rawlinson@liverpoolmerchantsguild.org.uk)**

**What Happens Next?**

1. Applications will be acknowledged within 3 weeks.
2. Assessment: once we have assessed your application we will contact you by your preferred means of communication (and your intermediary if named) to let you know if your application will be considered further.
3. If your application is selected to progress to next stage, we will request further supporting information/documentation to be emailed/posted to us. This will include specific requests such as:

Birth certificate or passport (we accept expired passports) or driving licence	Most recent letter(s) confirming current amount of your state pension, pension credit &/ or other state benefits	Most recent P60 form in respect of private or occupational pension(s)	Most recent mortgage account statement
Most recent water services bill	Bank statements for the last 3 months	Most recent rent statement	Most recent council tax bill

4. Once we have received this supporting documentation – and you have responded to any queries we may have about it - your application will be considered by The Trustees of Liverpool Merchants' Guild at their next meeting. These take place every three months.

**Please contact us if you have any queries about this application form or require further clarification:**

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L1 5AG.**

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