



## APPLICATION FORM

We can 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.**

### **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 (in a non-manual role), 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, or indeed if you require a representative of the Secretaries to visit you at home to assist with completion:**

**The Secretaries, Monetta LLP, 110-114 Duke Street,  
Liverpool L1 5AG**

**tel: 0151 703 1080      email: [info@liverpoolmerchantsguild.org.uk](mailto:info@liverpoolmerchantsguild.org.uk)**

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

Regular Payment\*

One Off Grant\*\*

\*Please complete all pages of this application form **EXCEPT FOR Section 5**

\*\*Please complete all pages of this application form **INCLUDING Section 5**

**PLEASE NOTE YOUR APPLICATION WILL NOT BE PROCEEDED WITH IF YOU FAIL TO ANSWER ALL OF THE RELEVANT QUESTIONS ON THE APPLICATION FORM.**

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

Introduction via an advice/support organisation/Intermediary who is assisting you 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 Name:

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  
(tick as appropriate)

Owned with mortgage

Rented\*

Other (please specify)

\*If rented is your landlord  
(tick as appropriate)

Private Landlord

Housing Association

Please provide the name of your landlord

### 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 Marital Status:

Single

Married

Widowed

Divorced/Separated

Living With Partner

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

Name	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

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

YES  NO

**Section 3: Your Employment and Employment History**

**3.1 Are you Currently Working?**

YES  (please give details below and then go to 3.3) NO  (please go to 3.2)

Categories: Professional  Self-Employed  Supervisory  Clerical  Non-Manual

Present Employer or enter Self Employed:

Address:

Telephone:

Job Title:

Length of Service:

Description of Duties:

**Please confirm that The Liverpool Merchants' Guild has your permission to verify the detail provided above with your present employer.**

YES  NO

**Failure to give permission will mean that your application cannot proceed.**

**3.2 If you are currently unemployed and are under your state pension age, what is preventing you from being able to work and what are you doing to overcome this?**

**3.3 Past Employment: Please provide as much detail as possible for each entry and continue on a separate sheet if necessary.**

Name of Past Employer or enter Self-Employed	Position Held	Dates From/To	Duties

**Please confirm that The Liverpool Merchants' Guild has your permission to verify the detail provided above with your past employer(s).**

**YES**  **NO**

**Failure to give permission will mean that your application cannot proceed**

**Section 4: Your Household - Who Lives with you?**

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

(tick as appropriate)

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

**4.1 How many children live live with you?**  **Ages of children under 18.**

**4.2 How many other adults live with you?**  **Ages of adults**

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

**4.4 Are you disabled?** YES  NO

Is anyone else in your household disabled? YES  NO

If YES, please tell us who:

**4.5 Besides you and your wife/husband/partner does any other person contribute to household expenditure?** YES  NO

If YES how much is their weekly contribution?

## Section 5: One Off Grants

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.

**GRANTS ARE ONLY AVAILABLE FOR THE PURCHASE OF SPECIFIC ITEMS (excluding motor vehicles).**

**THE MAXIMUM GRANT AVAILABLE IS £6000**

### 5.1 Purpose of grant

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


### 5.2 Amount of grant requested

£

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

	£
Estimate 1:	
Estimate 2:	

### 5.4 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.

### 5.5 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

**Section 6: Your Financial Information – ALL applicants should complete this section**

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

**6.1 Income**

	Self	Partner		Office Use Only
State Pension	£	£	Per week	
Pension Credit	£	£	Per week	
Universal Credit	£	£	Per month	
JSA/ESA:	£	£	Per week	
Carer's Allowance	£	£	Per week	
DLA/PIP payments: Care Component/Daily Living Mobility	£	£	Per week	
Other state benefit (please specify):	£	£	Per week	
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	

**6.2 Outgoings**

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



**6.3 Capital**

	Amount £	Office Use Only
Cash in bank(s) - give details of ALL accounts held either in sole or joint names.		
Cash in building societies - give details of building society(s) accounts either in sole or joint names		
Stocks and shares (give details of shareholding either in sole or joint names)		
Premium Bonds/Savings Certificates (either in sole or joint names)		
Any other capital either in sole or joint names (please give full details)		

**6.4 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**

Please note you are automatically **resident** in the UK for income tax purposes if you spent 183 or more days in the **UK** in the **tax year REGARDLESS OF WHETHER OR NOT YOU PAY TAX.**

I am resident in the UK for income tax purposes

YES

NO

**Section 7: Further Information**

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 the form
- Signed the declaration
- Included a letter of support from your intermediary if applicable
- If applying for a One Off Grant, please include a copy of assessment report and/or estimates if appropriate

**Completed forms:**

**Please send or email your completed application form to:  
The Secretaries, Monetta LLP, 110-114 Duke Street, Liverpool, L1 5AG, or  
email: [info@liverpoolmerchantsguild.org.uk](mailto:info@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, or indeed if you require a representative of the Secretaries to visit you at home to assist with completion:**

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