

APPLICATION FORM

We can help people aged 50 or 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 (in a non-manual role), 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 trough one off grants to help you to maintain your independence (eg equipment or home adaptations).

The 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 year
- 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 1988

The information requested on this form is required to enable us to administer the affairs of The 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, Chartered Accountants, 110-114 Duke Street, Liverpool L1 5AG
Tel: 0151 703 1080 email: info@liverpoolmerchantsguild.org.uk

OF THE RELEVANT QUESTIONS ON THE APPLICATION FORM. 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 – please go to 1.4 Word of Mouth – please go to 1.4 Other – please give details then go to 1.4 Other – please give details then go to 1.4 Job Title: Staff Name: Job Title: Staff Email: Phone Number: Do you wish to keep your intermediary up to date with your application progress? Yes, keep my intermediary up to date. No No How would you prefer us to make contact with you if we require further information when assessing your application? By Post	SEC	CTION 1: WHAT ARE YOU APPLYING FOR?
One Off Grant If you are applying for a REGULAR PAYMENT ONLY please complete all pages of this application form - EXCEPT FOR SECTION 5 If you are applying for a GRANT ONLY please complete all pages of this application form - INCLUDING SECTION 5 If you are applying for both a REGULAR PAYMENT AND A GRANT please complete all pages of this application form - INCLUDING SECTION 5 If you are applying for both a REGULAR PAYMENT AND A GRANT please complete all pages of this application form - INCLUDING SECTION 5 If you are applying for both a REGULAR PAYMENT AND A GRANT please complete all pages of this application form - INCLUDING SECTION 5 If you have a polying for both a REGULAR PAYMENT AND A GRANT please complete all pages of this application form - INCLUDING SECTION 5 If you have a polying for both a REGULAR PAYMENT AND A GRANT please complete all pages of this application FORM. 1.2 How did you hear about the Liverpool Merchants' Guild? Internet/Search Engine - please go to 1.4 Word of Mouth - please go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 The please give details then go to 1.4 Other - please give details then go to 1.4 The please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please give details then go to 1.4 Other - please gi	1.1	Please choose the type(s) of support you are applying for from Liverpool Merchants' Guild:
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	1.4	
By Email		☐ By Post
		☐ By Email
☐ By Phone		☐ By Phone

Sec	ction 2: Your Personal Details
2.1	Title:
	☐ Mr
	☐ Mrs
	☐ Ms
	Miss
	First Name:
	Surname:
	Home Phone Number
	Mobile Phone Number
	Email Address:
	Address:
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 resident in the area. Please attach a separate sheet if necessary.
	Previous Address 1
	From/To
	Previous Address 2
	From/To
	Previous Address 3
	From/To

2.3	Is your home:
	Owned Outright
	Owned with Mortgage
	Rented
	If rented is your landlord
	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
	Address
	Telephone
	Email
	Do we have your permission to liaise with your next of kin/personal representative if necessary?
	Yes
	□ No

Sec	ction 3: Your Employment and Employment History
3.1	Are you currently working?
	Yes – Please give details below then go to 3.3
	No – Please go to 3.2
	Occupation Category
	Professional
	Self-Employed
	Supervisory
	Clerical
	☐ Non-Manual
	Job Title
	Organisation
	Length of Service
	Brief Description of Duties
	Please confirm that The Liverpool Merchants' Guild have your permission to verify the detail provided above with your present employer. Failure to give permission will mean that your application cannot proceed.
	Yes
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?

Employer	Position Held	From/To	Duties	
Linployer	1 osition ricid	110111/10	Duties	

Sec	Section 4: Your Household – Who Lives with you?		
4.1	What are your current living arrangements?		
	Living Alone		
	Living with Partner/Wife/Husband*		
	With Children		
	Other*		
	*Please give full name(s), relationship and occupation(s)		
4.2	How many children live with you?		
	Ages of children		
4.3	How many other adults live with you?		
	Ages of adults		
4.4	Are any of the above employed? Please give details.		
4.4	Are any or the above employed. I reade give details.		
4.5	Are you disabled?		
	Yes*		
	□ No		
	*Nature of Disability:		
4.6	Is anyone else in your household disabled?		
	☐ Yes*		
	□ No		
	*Please tell us who and the nature of their disability:		

4.7	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?	
	£	
IF YOU ARE NOT APPLYING FOR A GRANT PLEASE CONTINUE TO SECTION 6		

Sec	ction 5: One Off Gra	ints		
	The 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 A	VAILABLE IS £6000		
5.1	Purpose of Grant			
	Item(s)	Description	Benefit to you	
5.2	Amount of grant requeste	d		
	£			
5.3	Please provide details of	a minimum of 2 supplier's es	timates showing th	
				Estimated Cost
	Name of Supplier:			£
	Name of Supplier:			£
	Name of Supplier:			£
		provide any further informat	ion regarding abov	ve estimates here.
5.4	Professional Assessment			
	Worker/GP) which confirm	carried out by a qualified pens the need for the above itee a copy of the assessment rep	m(s) and their suita	ability for use by you?
	□ No			
5.5	Other Funding			
	Have you made any applica Yes* No	itions to other organisations fo	r funding in respect o	of the item(s) set out above?
	*If YES please provide de	tails of the organisations ap	proached and the a	mounts 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.

INCOME - Please enter details of gross income befo	re deduction of income ta	×		
State Pension (Per Week)				
State Pension Yourself £				
State Pension – Partner				
Pension Credit (Per Week)				
Pension Credit – Yourself				
£				
Pension Credit – Partner £				
Universal Credit (Per Month)				
Universal Credit – Yourself £				
Universal Credit – Partner £				
JSA/ESA (Per Week)				
JSA/ESA – Yourself £				
JSA/ESA – Partner £				
Carer's Allowance (Per Week)				
Carer's Allowance – Yourself £				
Carer's Allowance - Partner				
Attendance Allowance/DLA Care Component/PIP Daily Living (Per Week)				
Attendance Allowance/DLA Care Component//PIP Daily Living – Yourself				
Attendance Allowance/DLA Care Component//PIP Dail	y Living – Partner			
DLA Mobility/PIP Mobility (Per Week)				
DLA Mobility/PIP Mobility - Yourself £				
DLA Mobility/PIP Mobility - Partner £				
Other State Benefit (Please Specify)				
Specify Payment	Yourself	Your Partner		
	£	£		
Occupational Pension (Per Annum)				
Occupational Pension – Yourself				
£				
Occupational Pension – Partner				

	Bank/Building Society Interest (Per Annum)		
	Bank/Building Society Interest – Yourself £		
	Bank/Building Society Interest – Partner £		
	Dividends (Per Annum)		
	Dividends – Yourself £		
	Dividends – Partner £		
	Income From Family/Relatives (Per Annum)		
	From Family/Relatives – Yourself		
	Europe Formilly/Deletines - Deutspare		
	From Family/Relatives – Partners £		
	Other Income Including Income from Employment (Please		
	Specify Payments Your	self	Partner
	£		£
6.2	Financial Outgoings		
	Council Tax (Per Annum)		
	Council Tax Outgoings (Yearly) – amount payable by you after any d	iscount	
	£		
	Mortgage Interest Payable (Per Annum)		
	Mortgage Interest (Yearly) – only include interest element of any mor	tgage payments	, not capital
	element £		
	Water Rates (Per Annum)		
	Water Rates (Yearly)		
	Rent (Per Week)		
	Rent Outgoing (Weekly)		
	£ Housing Benefit Received (Per Week)		
	Housing Benefit Received Weekly		
	£		
	Balance of Mortgage Outstanding		
	Balance of Mortgage Outstanding		
	£		
	Nursing or Residential Home Fees (Per Week)		
	Nursing or Residential Home Fees (Weekly)		
6.3	Capital		
	Cash in bank(s) - give details of ALL accounts held in either sole o		
	Bank Name	Amount £	
	Cash in building societies – give details of ALL accounts held in e	ithor solo or inim	at names
	Building Society Name	Amount £	
	Danania Occiety Maine	Amount	

	Stocks and shares (give details of shareholding in either sole or joint names)		
	Stock/Share Details	Amount £	
	Premium Bonds/Savings Certificates (in either sole or joint na	mes)	
	Certificates	Amount £	
	Any other capital either in sole or joint names (please give ful		
	Other	Amount £	
6.4	In order to comply with Charities Common Reporting Standards (CRS) Requirements whether or not you are resident in the UK for income tax purposes	gulations please confirm	
	☐ I am resident in the UK for income tax purposes		
	I am not resident in the UK for income tax purposes		
6.5	Does anyone hold Power of Attorney over your Financial Affairs?		
	(A Power of Attorney is a legal document giving someone else the authori decisions on your behalf. It enables you to choose a person/ or people (ca with your property and affairs).		
	Yes – please give details below		
	□ No – please go to Section 7		
	Name		
	Address		
	Telephone		
	Email		

Sec	ction 7: Further Information
7.1	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.
	Further Information
7.2	Form of 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
	I agree for The Liverpool Merchants' Guild to store and process the information entered on this application to aide in progressing the application process. This includes passing related information to third parties when appropriate. I accept these terms and conditions

Submitting your Application to The 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			
Enclosed any relevant supporting documents such as: Letter of support from intermediary, if applicable Grant Estimates CV			
Completed Forms:			
Please send your completion application form to: The Secretaries, Monetta LLP, Chartered Accountants 110-114 Duke Street, Liverpool L1 5AG			
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 applicable) 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	Most recent letter(s)	Most recent P60 form	Most recent mortgage
(we accept expired	confirming current amount	in respect of private of	account statement
passports) or driving licence	of your state pension,	occupational pensions	
	pension credit and/or other		
	state benefits		
Most recent water	Bank statements for the last	Most recent rent letter	Most recent council
services bill	3 months for ALL accounts		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 The 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:

The Secretaries, Monetta LLP, Chartered Accountants, 110-114 Duke Street, Liverpool, L1 5AG tel: 0151 703 1080 email: info@liverpoolmerchantsguild.org.uk