**VRF application form content 2018-19– NOT TO BE USED AS AN APPLICATION FORM**

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| **How to use this document**We are providing this document so that you can see the content of our application form while we are offline. Do not use this document to apply for a grant. We can only consider applications made using our online application portal at <https://smitf.flexigrant.com/> When you fill in the form online, you will only see the sections relevant to the type of grant you are applying for. In this document however, you will see all sections.  |

**Page 1 of 6: Eligibility and preparation**

**This page is to help you and your client decide whether or not it is appropriate for you to make an application to the Vicar's Relief Fund.**

**Bear with us; there are 8 sections to this page.  Please read each section carefully.**

**1. Client Consent**

We can only consider a grant request when your client **understands and gives consent**to an application to the Vicar's Relief Fund.

Please take a few minutes to explain to your client that you are making the application on their behalf and how the money can be used. You **must** upload a completed **VRF Client Consent Form, which you can download by clicking**[**here**](https://smitf.flexigrant.com/tenantfiles/33/documents/VRF_Privacy_Notice_and_Consent_Form_2018-19_v2.pdf). Your client is required to sign the form and 'tick' to indicate that they have fully given their consent to the application and that they understand the terms of the grant. You will be asked to upload the Client Consent Form on the last page of the application.

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**All applications submitted without a completed Client Consent Form will be automatically declined.**

**2. Frequently Asked Questions**

Spending a few minutes reading our Frequently Asked Questions can save you time.

Please read the FAQs through before you begin by clicking [**here**](https://www.frontlinenetwork.org.uk/frontline-network/vicar-s-relief-fund/faq/)**.**You may find yourself referring back to them as you work through the application form.

**3. Our Privacy Policy**

We take both your privacy and that of your client's very seriously. Our Privacy Policy outlines how we use the information you provide and how we ensure that it is stored securely.

Please take a few moments to read our Privacy Policy by clicking [**here**](https://smitf.flexigrant.com/policy.aspx).

**4. Our Terms and Conditions**

Our Terms and Conditions set out both the basis on which you access our grant making system (Flexi-Grant) and the VRF grant.

Again, take a few moments to read the VRF Terms and Conditions by clicking [**here**](https://smitf.flexigrant.com/tenantfiles/33/documents/VRF_Terms_and_Conditions.pdf).

**5. Providing evidence of expenditure**

By making a grant application you are agreeing to give us evidence of how the grant is spent. You must do this within 6 weeks of receiving a grant (8 weeks if the grant is for the repayment of rent arrears to access social housing).

 **If we don’t receive this evidence, we may request that the grant be paid back to us in full and you and your organisation may not be able to access the fund in the future.**

Help with providing appropriate evidence of expenditure to us can be found [**here**](https://frontlinenetwork.org.uk/7303)**.**

**6. Receiving a response to your application**

We understand that early intervention is key when trying to prevent eviction or alleviate homelessness, so we make it our mission to respond to **all**applications as quickly as possible.

However, due to the high volume of applications we receive on a daily basis, usually more than 40, we cannot guarantee to processes every application within five working days.

If you are concerned about the time it is taking for us to get back to you, please only contact us after five working days have passed.

**We do not respond to emails or telephone calls requesting to fast track an application.**

**7. Payment details**

Vicar's Relief Fund grants are only payable by BACS - (Bankers' Automated Clearing Services).

Please ensure that you have the Sort Code and Account Number before you start your application.

**Applications without correct bank details will automatically be declined.**

Cheque payments can be requested for ID grants but can only be made payable to government agencies.

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**8. And lastly....**

Please remember the Vicar's Relief Fund is heavily over-subscribed. You should only make an application when a grant will either:

help your client access accommodation when they have no other means of being able to (e.g receiving financial help from a friend of family member)

**or**

prevent imminent eviction when official notice has been given (verbal notice and text messages do not count as official notice).

**If neither of these conditions apply, your client is not eligible for a Vicar's Relief Fund on this occasion. Please do not make an application as this will only waste your valuable time.**

**Page 2 of 6: Client Circumstances**

**Why are you applying for this grant?**

Please Select...select

**Preventing Eviction**

Please Select...select

**Accessing Accommodation**

Please Select...select

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**Client Circumstances: The repayment of arrears**

This section also covers DRO or bankruptcy fees

|  |  |
| --- | --- |
| **What stage of the eviction process is your client? (Verbal notice and text messages do not count as formal notice).****NOT TO BE USED AS AN APPLICATION FORM** Please Select...select CD:PE: Eviction stage Col: 1, Row: 3 |  |
| **Are these arrears for rent or service Charges?**Please Select...selectClient Circumstances: Type of arrears |  |
| **Please describe your client's situation and how the arrears came about:**You have entered 0 words (200 words max)Please be clear and objective in your response and provide accurate information.  We are looking for evidence to support the need for the grant and an understanding of how reducing rent arrear will remove the risk of homelessness.  |  |
| **What is the current arrears amount as stated on your client's latest rent statement?**Please refer to the client's most recent rent statement to calculate the rent arrears at the date this application is being submitted.   |  |
| **What amount would prevent the risk of eviction?**Please be realistic.  If the arrears are substantial a grant from the VRF may not have a significant impact and will be assessed as a lower priority.  |  |
| **What is the name of the landlord that the arrears are owed to?**Please provide the name of the individual, agent or housing provider.    |  |
| Does the decision to evict rest with your organisation?  * Yes
* No

If you are a local authority, housing association or other housing provider we need to know why you require support from the Vicar’s Relief Fund to prevent eviction. **NOT TO BE USED AS AN APPLICATION FORM**  |  |
| **At what arrears threshold does your organisation offer support to prevent eviction?**  |  |
| **Please outline the support that your organisations has offered to the client and why your organisation requires external funding to prevent this eviction.**You have entered 0 words (200 words max)Please give objective evidence and refer to any internal policies and procedures that have been adhered to.  |  |
| **Please attach evidence that supports your claim that a grant from the Vicar's Relief Fund WILL prevent this eviction.****Please note that failure to provide sufficient evidence will result in your application being declined.**Choose your file(s)*or drag and drop files here to upload*

| [File name](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21550&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | [Date uploaded](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21550&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | Action |
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This could include: an email/letter from the landlord, court documents, or any other communication showing evidence that the grant would prevent eviction.Please either scan documents as PDF files or use your mobile phone to take a picture.Files need to be less than 4Mb. PE: What supporting evidence do you have that this would prevent the risk of eviction? Col: 1, Row: 7 |  |
| **How will further arrears be avoided?**Please outline the support that will be in place to prevent further arrears and describe clearly the process by which that support will be offered.  |  |

**Client Circumstances: Fees for Hoarding Decluttering/Deep clean to prevent eviction**

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|  |  |
| --- | --- |
| **What stage of the eviction process is your client?**Please Select...select  |  |
| **If your client is not at risk of eviction we are unable to provide a grant.** |  |
| **Please upload evidence that supports your claim that your client is at risk of eviction due to the state of their property.**Choose your file(s) *or drag and drop files here to upload*

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CD: PE: De-clutter: evidence |  |
| **Please describe your client's situation:** |  |

**Client Circumstances: Moving into new accommodation**

|  |  |
| --- | --- |
| **Have you identified a property for the client to move into?*** Yes
* No

 **NOT TO BE USED AS AN APPLICATION FORM**  |  |
| **Unfortunately, we cannot pay a deposit/rent in advance/admin fee where no property has been identified. Please identify a property before completing your application.** |  |
| **Is this property supported accommodation or independent accommodation?**Please Select...selectClient Circumstances: Type of accommodation |  |
| **What is the address of the identified property?**You have entered 0 words (50 words max)Please remember to include the postcode.Client Circumstances: Identified address |  |
| **Name of the landlord**Please provide the name of the individual, agent or housing provider.   |  |
| **What are you requesting a grant for?*** Deposit
* Rent in advance
* Admin fee (Maximum £100.00)

The VRF does not make grants to reimburse funds that have already been paid to secure a tenancy. Please do not apply if this is the case |  |
| **When is the property being held until?**selectPlease note it may take 7 working days for us to assess this application and make a payment. |  |
| **What source of income will pay for the rent on this property?*** Housing Benefit
* Local Housing Allowance
* Employment Income
* Other
 |  |
| **Is the client:*** Homeless
* At risk of homelessness

**NOT TO BE USED AS AN APPLICATION FORM** * Fleeing domestic violence
* Fleeing family breakdown
* Fleeing other threat of violence
* Other
 |  |
| **Describe your client's situation including what led to this application for a VRF grant:**You have entered 0 words (200 words max)Please be clear and objective in your response and provide accurate information.  We are looking for the reason why a grant from the VRF is necessary in alleviating your client's situation. |  |
| **What ongoing support will the client be receiving to ensure a successful tenancy?**You have entered 0 words (200 words max) |  |

**Client Circumstances: Clearing arrears to access social housing**

|  |  |
| --- | --- |
| **Is your client at risk of eviction or currently homeless?*** Yes
* No

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| **Application ineligible**If your client is not at risk of eviction from their current property or currently homeless, we are unable to provide a grant.  |  |
| **What is the total amount of rent arrears?** |  |
| **What amount would enable the client to access a social tenancy**? |  |
| Will the client be able to secure a social tenancy within two months of receiving a grant?* Yes
* No

  |  |
| **If your client is unable to access a social tenancy within 2 months of using a grant to clear arrears we are unable to provide funding. However, we would fund a deposit to move into alternative accommodation.** |  |
| **What supporting evidence do you have that this amount would enable them to access a social tenancy?**(This could include: an email/ letter from the landlord, or any other communication showing evidence that the grant would enable the client to access a social tenancy)Choose your file(s)*or drag and drop files here to upload*

| [File name](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21550&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | [Date uploaded](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21550&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | Action |
| --- | --- | --- |

 |  |
| **Describe your client's situation and how the arrears came about:**You have entered 0 words (200 words max) |  |
|  |  |

**Client Circumstances: A property has been identified but client needs B+B or other temporary accommodation in the interim.**

|  |  |
| --- | --- |
| **Is your client currently homeless?*** Yes
* No

**NOT TO BE USED AS AN APPLICATION FORM**   |  |
| **If your client is not currently homeless we are unable to provide funding for B+B accommodation.** |  |
| Have you identified a B&B or other temporary accommodation for your client to move into?* Yes
* No
 |  |
| **Unfortunately, we cannot pay for B+B or other temporary accommodation where no property has been identified. Please identify a property before completing your application.** |  |
| **What is the address of the identified property (including postcode)?** |  |
| **When is the property being held until?**select |  |
| **Please describe your client's situation:**You have entered 0 words (200 words max) |  |
| **How long will the grant allow the client to be accommodated in B+B accommodation?** |  |
| **How will the client pay for their new accommodation?*** Housing Benefit
* Local Housing Allowance
* Employment Income
* Other
 |  |

**Client Circumstances: ID needed to access accommodation**

|  |  |
| --- | --- |
| Do they require the ID to access accommodation?* Yes
* No

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| **Application ineligible**Grants for ID costs are only accessible for homeless individuals who require identification to access accommodation. |  |
| **What type of ID are you applying for?**Please Select...select |  |
| **Tell us about your client and their current situation.** |  |
| **How will having this ID help to secure accommodation and what support are you offering?** |  |

**Client Circumstances: Removal costs following eviction or to set up a new tenancy**

|  |  |
| --- | --- |
| On what date will the removal take place? select |  |
| **Describe your client's current housing situation which has led to this application:**You have entered 0 words (200 words max) |  |

 [**Manage**](https://smitf.flexigrant.com/crm/listpeople.aspx?farea=985)

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**Page 3 of 6: Payment request**

**How much are you asking for from VRF?**



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In addition to a grant from the VRF, does your client require more funding?

* Yes
* No

**If your client requires more than the amount requested from the VRF, you must tell us the total amount needed and explain how these funds will be or have been secured, including dates:**



**Who would you like the payment to be made to?**

Please Select...select

**Is your application a request for ID costs?**

Please Select...select

**How would you like this payment?**

Please Select...select

**BACS payment**

**Please check that these details are correct before submitting your application
as we cannot recall payments made in error.**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Sort Code** |  |
| **Account number** |  |
| **Owner of bank account** |  |
| **Reference**  (This will show up on the bank statement so the payment can be identified. You may want to use a tenant account number, property address or the name of the client) |  |

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**Page 4 of 6: Client details**

**Please complete the details about your client in this section.**

**First name and surname of your client**



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**Client date of birth**

select

**Current Accommodation Type**

Please Select...select

**Client location**

|  |  |
| --- | --- |
| **Postcode**Please put NFA if the client is homeless |  |
| **Which Local Authority?** |  |

**Number of people in household who will benefit from this grant, including client**

Please Select...select

**Household circumstances**

Please Select...select

**Residency status**

Please Select...select

**Support Needs and Presenting Issues**(Tick all that apply)

* Alcohol/substance misuse
* Domestic violence
* Ex offender
* Expectant mother
* Learning difficulty
* Mental health
* No recourse to public funds
* Older person
* Physical disability
* Physical health
* Prisoner/probation
* Young person
* None
* Other

**Employment status**

Please Select...select

**How long have you been supporting the client?**

* This was one off support
* Less than a week
* 1 week - 1 month
* 1 - 3 months
* 3 - 6 months
* 6 months - 1 year
* More than a year

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**How long will your service be supporting this client after the grant is made?**

* This was one off support
* Less than a week
* 1 week - 1 month
* 1 - 3 months
* 3 - 6 months
* 6 months - 1 year
* More than a year

**Page 5 of 6: Final sign off**

**Client consent**

Your client must be aware that this application is being completed and submitted on their behalf. You must also explain how we will treat their confidential information. Consent must be given using the St Martin's Charity consent form only. Alternative documents will not be accepted.

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Your client must read and sign the consent form **and tick all 3 boxes**. You can download and print the consent form by clicking on the below link:

[Client consent form](https://smitf.flexigrant.com/tenantfiles/33/documents/VRF_Privacy_Notice_and_Consent_Form_2018-19_v2.pdf)

Please then upload a scan or a photo of the complete form to this application.

**Please check that you have uploaded a completed consent form. Incomplete forms will lead to your application being declined.**

Choose your file(s)

*or drag and drop files here to upload*

| [File name](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21553&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | [Date uploaded](https://smitf.flexigrant.com/fa/flexiformeditor.aspx?fid=6146&pid=21553&etype=44644&eid=364393&mode=80402&edit=true&disableFlowRules=true&ftid=2584) | Action |
| --- | --- | --- |

**Change of circumstance**

I confirm that I will contact VRF if the client's circumstances change and they no longer require the grant, and understand that the grant can't be given to another client.



**Confirmation of payment**

I confirm that if the application is successful I will notify the payee to expect the payment.



**Evidence of expenditure**

By ticking this box I indicate that I have read the conditions of grant and I agree to provide evidence of how the grant was spent within 6 weeks (or 2 months if it is for rent arrears to access social housing).

Please do not submit your application if you are not able to adhere to the above condition.

Examples of evidence we require can be found at:

<https://frontlinenetwork.org.uk/7303>



**Please provide your line manager's email address**

(If you are the line manager you must provide the email address of a colleague that is aware that you are making this application.)



**Page 6 of 6: Diversity monitoring**

We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010. These questions are used to monitor access to the service and are not used to make decisions on eligibility or allocation of grants.

**Equal Opportunity Monitoring**

This section is completely optional. We use it to help us monitor how accessible our programme is to a range of people. **The data in this section is NOT used to assess grant applications.**

These questions refer to the client, not the support worker.

|  |  |
| --- | --- |
| **Ethnicity*** Arab
* Asian - Bangladeshi
* Asian - Chinese
* Asian - Indian
* Asian - Pakistani
* Any other Asian background
* Black - African
* Black - Caribbean
* Any other Black/African/Caribbean background
* Gypsy/Roma/Irish Traveller
* Mixed - White and Asian

**NOT TO BE USED AS AN APPLICATION FORM** * Mixed - White and Black African
* Mixed - White and Black Caribbean
* Any other mixed/multiple ethnic background
* White - English/Welsh/Scottish/Northern Irish/British
* White - Irish
* White - Eastern European
* White - Other
* Any other ethnic group
* Prefer not to say
 |  |
| **Religion / Belief*** Christian
* Muslim
* Hindu
* Jewish
* Sikh
* Buddhist
* Other
* Atheist
* Agnostic
* Prefer not to say
* None
 |  |
| **Gender*** Female
* Male
* Transgender
* Other
* Prefer not to say
 |  |
| **Sexual orientation*** Bisexual
* Gay man
* Gay woman or lesbian
* Heterosexual or straight
* Prefer not to say

**NOT TO BE USED AS AN APPLICATION FORM** * Other
 |  |
| **Do you consider yourself to have a disability?**Please Select...select |  |