**Application for assistance with fuel costs only**

Borough residents with low earnings or in receipt of certain benefits may be eligible for assistance with fuel costs over the winter period.

To apply, please complete the form, **attach any required documents** and send to:

London Borough of Richmond upon Thames

Fuel Grants Scheme

C/O Hampton Fund

15 High Street

Hampton

TW12 2SA

**Applications must be received by midnight on Thursday 31 March 2022.**

**Applications received after that time will not be processed.**

|  |  |
| --- | --- |
| **Title: Mr/Mrs/Miss/Ms** | **Date of birth:** |
| **First Name:** | **Home tel. no:** |
| **Surname:** | **Mobile:** |
| **Address:** |
|  **Post code:** |
| **E-mail:** |
| **Single / married /living with partner / widowed** |

**Please list names and dates of birth of everyone else who lives at the above address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name in capital letters** | **Date of Birth** | **Name in capital letters** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please give details of income for everyone who lives at this address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of income** | **Amount (£)** | **Type of income** | **Amount (£)** |
| State Pension |  | Wage/Salary |  |
| State Pension |  | Wage/Salary |  |
| Private Pension |  | Working Tax Credit |  |
| Pension Credit |  | Job Seekers Allowance |  |
| Attendance Allowance |  | Employment & Support Allowance |  |
| DLA Care / PIP daily living component |  | Child Benefit |  |
| DLA / PIP Mobility |  | Child Tax Credit |  |
| Carers Allowance |  | Universal Credit |  |
| Income Support |  | Other income |  |

**You must send evidence of all of the above** such as copies of bank / post office statements or DWP letters. **If you do not, your application cannot be processed**.

|  |  |
| --- | --- |
| Does Housing Benefit / Universal credit / Council Tax Support pay some or all of your rent / Council Tax? | Yes / No |
| If so, please send a copy of your HB / Universal Credit / Council Tax calculation |  |
| Do you, or anyone living with you, have savings of more than £6,000? | Yes / No |
| If yes, please state total amount |  |

Please insert details of the energy supplier that you would like the payment made to:

|  |  |  |
| --- | --- | --- |
| **Name of supplier** | **Account no.** | **Do you have a pre-payment meter?****Yes / No** |

**You must send a copy of a letter bill or statement from your energy supplier showing your account number.** We cannot process your grant unless you send this in.

**A letter notifying you of the outcome of your application will be sent to you after the closing date.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |