

Responders to Warmth Community Interest Company Grant Application Form

Name	
Address	
Post Code	
Telephone Number and STD code	
Email	
What benefits do you receive*	
	*Please attach proof of state benefit that you receive. If you are receiving a benefit that is time limited i.e. Employment Support Assistance, please state the expiry date.
Do you have a debilitating health condition or disability? If so please describe	

About your income

My **combined** household income, including all benefits, is less than **£23,500** per annum and my combined household savings, including bonds, are less than **£10,000***. Please state combined annual income £
and combined household savings £

Lincolnshire Fire and Rescue Home Safety Check.

R2W will automatically refer you for a Home Safety Check. Please tick this box if you wish to arrange it yourself.

Data protection statement: I agree that Responders to Warmth CIC as the data controller can share my details with its trusted partners to deliver its services.

Applicant's Declaration :	
Print name	
Signed	Date:
Please note.	Our grant fund is limited and completion of this health and income verification form is not a guarantee of receiving an R2W service or measure.
Office use	Date received:

NB If a false declaration is made Responders to Warmth CIC, will seek to recover the cost of all grants, including administration and any legal costs associated with the recovery process.

Please return this form to
Responders to Warmth CIC
PO Box 225
MARKET RASEN
Lincolnshire
LN8 9BZ

Telephone 0845 606 4566