



CITY OF OXFORD CHARITY

**APPLICATION FOR ASSISTANCE IN THE PAYMENT OF COURT FEES ON FILING A PETITION FOR
BANKRUPTCY OR A DEBT RELIEF ORDER**

Please read these notes before completing/sending your application

1. Applicants **must** have lived within the City of Oxford boundaries for at least three years.
2. All applications must be accompanied by a signed letter from a **debt advice worker** outlining the circumstances of the family and need for a grant. This should include full name and position of the person supporting this application, their phone number and the name and address of their organisation.
3. If the applicant is required to give their immigration status in question 2 then please produce a copy of the relevant page of the Applicant's passport or travel document, or a letter from the Home Office informing the applicant of their immigration status. People with Indefinite Leave to Remain (ILR), or Discretionary Leave (DL) or under Humanitarian Protection (HP) will be considered.
4. **Please include a copy of the Standard Financial statement/Common Financial statement/client budget sheet. A full breakdown of client's income is required.**
5. All applications need to be submitted with a signed Data Protection statement. Ideally this should be signed by the applicant but in cases where this cannot be done the support worker can authorise us to proceed on their behalf.

Please return form to: Grants Administrator, City of Oxford Charity, The Office, Stones Court, St Clements, Oxford, OX4 1AP, or email to: grants@oxfordcitycharity.org.uk

1. Personal Details of Applicant

Full Name:		Contact Number:
Married <input type="checkbox"/> Living together <input type="checkbox"/> Divorced <input type="checkbox"/> Living apart <input type="checkbox"/> Civil Partner <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>		
Status:		
Address including postcode:		
Occupation:		
Age:	How long living in Oxford (See Guidance note 1)	

2. Residency Status (See Guidance note 3)

Are you a UK citizen?	Yes	No
If no, what is your immigration status		

3. Accommodation

Owner:		
Rented:		Details of Landlord:
Other		Please give details:

4. Particulars of family living with applicant

Full names	Date of birth	Age	Relationship	School/work

5. Income and Expenditure

Total income per month

Total expenditure per month

Note: the figures for income and expenditure must be taken from the attached financial statement

6. Fees.

What is the amount applied for?

To whom should the cheque be payable? Please include bank details.

7. Please give a full explanation as to how and when the debts listed on the attached form arose, stating what attempts have been made to deal with the indebtedness and the grounds on which the charity are being asked to assist. A covering letter can be provided instead.

8. Please show that an administration order or independent voluntary arrangement has been considered? Has the client tried to renegotiate the debts with the creditors?

9. Support worker

Name of individual supporting this application:	Direct number:	Direct email address:
	Role:	Department:
Name and address of organisation:		

10. Recommendation and comments of support worker (please state the advantages and disadvantages of bankruptcy for the client and whether all alternative options have been pursued). A covering letter can be provided instead.

I authorise the information given in this form to be supplied to the Trustees and officers of the City of Oxford Charity for the purpose of coming to a decision:

Signature of Applicant

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Date

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Signature and full name/address and telephone no of person supporting this application:



Data Protection Statement – required for all applications

By applying for a grant from the City of Oxford Charity you have provided information of a personal and sensitive nature both on the application form and in associated documentation provided by third party professionals supporting you. This information will be used by the Trustees and employees of the Charity, and when necessary relevant agencies:

- to assess the validity of your request, to process your application.
- when appropriate, to make a grant payment.
- to other grant makers unless you expressly request otherwise.

The information will be held securely by the Charity for a period of up to six years, after which it will be destroyed. At any time during that period you may request access to your information. These procedures are in accordance with the principles of the Data Protection Act 1998.

I have read and understand the above statement and authorise the City of Oxford Charity to use my personal information as required.

Applicant Signature

Applicant Name

Dated

Statement below to be completed by supporting agency worker only if the Data Protection statement above has not been signed by the applicant

"I recognise that I am completing and signing this form on behalf of applicant and that I have their authorisation so to do."

Signed

Name

Date