# Cost of Living Grant - DAH Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | First | Last |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town | Borough | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Date of birth: |  |

|  |  |  |
| --- | --- | --- |
| Are you currently claiming benefits? | YES / NO | Name of Benefit/s: |
| Are you on a low income?  (less than £21,000 annually) | YES / NO | Annual Income incl. benefits: £ |
| Are you suffering financial hardship? | YES / NO |  |

## Financial Hardship

Please describe how you are experiencing financial hardship and how this small grant will ease this hardship:

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| --- |
|  |

## Preference

Aldi  Asda  Deliveroo  Farmfoods  Iceland  Just Eat  Morrisons  Sainsburys

Tesco  Uber Eats  Waitrose & Partners  Gas & Electric Top Up Prepay

Gas & Electric Top Up Direct Debit

## For Office Use

|  |
| --- |
| Accompanying information: |

Disability Action Haringey wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. If you have any questions about the form, contact [info@d-a-h.org](mailto:info@d-a-h.org). Please return the completed form to [info@d-a-h.org](mailto:info@d-a-h.org).

**Gender**

Male  Female  Intersex  Non-binary  Prefer not to say

***If you prefer to use your own gender identity, please write below:***

|  |
| --- |
|  |

**Is the gender you identify with the same as your gender registered at birth?**

Yes  No  Prefer not to say

**Age**

16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59  60-64 65+ Prefer not to say

**What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.* Please tick the appropriate box:

**Asian or Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

**Any other Asian background, please write below:**

|  |
| --- |
|  |

**Black, African, Caribbean or Black British**

African  Caribbean  Prefer not to say

**Any other Black, African or Caribbean background, please write below:**

|  |
| --- |
|  |

**Mixed or Multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

**Any other Mixed or Multiple ethnic background, please write below:**

|  |
| --- |
|  |

**White**

English  Welsh  Scottish  Northern Irish  Irish  British

Gypsy or Irish Traveller  Prefer not to say

**Any other White background, please write below:**

|  |
| --- |
|  |

**Any other ethnic group, please write below:**

|  |
| --- |
|  |

**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

**What is the effect or impact of your disability or health condition on your work?**

**Please write below:**

|  |
| --- |
|  |

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided

Prefer not to say

**If you prefer to use your own identity, please write below:**

|  |
| --- |
|  |

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say

**If other religion or belief, please write in:**

|  |
| --- |
|  |

**What is your working status?**

Full-time  Part-time  Not working

**Number of children in your household?**

0  1  2  3  4  5  6  7  8  8+  Prefer not to say

**Do you have caring responsibilities?** *If yes, please tick all that apply*

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**What is your Marital Status?**

Cohabiting  Single  Married  Divorced  Separated  Widowed  Prefer not to say

I confirm that I give consent for my data to be used for Equality & Diversity Data Collection Purposes

**Signature: Date:**