



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. 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.
3. 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.
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. For electronic applications, signature of applicant is not required on the form, but the person supporting the application should include a signed authorisation with the letter of support, which should also be signed. (These can be scanned and emailed.)
6. N.B. All applicants must complete the attached Data Protection form. Applications cannot be considered without one.

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

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:	<input type="text"/>	Phone number:	<input type="text"/>
Organisation:	<input type="text"/>	Email address:	<input type="text"/>
Address:	<input type="text"/>		

10. Recommendations and comments of support worker (please state the advantages and disadvantages of bankruptcy/DRO 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	<input type="text"/>	Date	<input type="text"/>
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Signature and full name/address and telephone no of person supporting this application:

Data Protection.

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.

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.

Signed

Dated