

Bushbury Hill EMB COVID-19 Hardship Fund Application

Name				
Address				
Payment Reference				
Employment Status (please circle)	Full time	Part time	Self Employed	Claiming UC Y/N

Details of case

Use this space to explain how you have been financially affected by COVID-19 and why you should be considered for funding. You will also be required to send supporting evidence a list of what will be acceptable is on the enclosed information about the fund.

Signed:

Date:

If this application has been completed by someone else, please enter their details here

For office use only

Date reviewed by panel				
Panel members	1.	2.		
Decision	Approved/Refused			
Rent weeks awarded	1	2	3	4
Comments				
Decision letter sent				
Date paid to account				