

## THE MY PLACE FUND APPLICATION FORM

The My Place fund is available for people who now have their own tenancy after experiencing a period of homelessness.\*

This fund managed by the **Leicester Homelessness Charter**, administered by our delivery partner **Open Hands**

All applications will be reviewed and considered if the criteria is met.

Please complete the below form and email to [admin@openhandsleicester.org.uk](mailto:admin@openhandsleicester.org.uk), quoting 'My Place Application' in the subject line

Alternatively, please drop completed form at Open Hands,  
19 Lower Willow Street, LE1 2HP

\* 'The My Place fund is open to individuals and families who have faced a period of homelessness. It is open to individuals living in Leicester City who have started anew tenancy in the past 6 months'



### 1. REFERRER (if self-referring please go to section 2)

Name:

Organisation:

☐

I am referring on behalf of the person named below

Address:

☐

I would like to be the preferred contact for this application process

Post Code:

Tel:

Email:



### 2. APPLICANT

Title:

First Name:

Last Name:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnicity:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

I am self referring

Address:

Post Code:

Tel:

Email:

☐

I have been homeless or in temporary accommodation within the last 6 months\*

☐

I now have a tenancy for my own property

☐

I consent to be contacted for 3 monthly updates if my referral is successful

☐

I have attached a copy of my tenancy agreement



### 3. WHAT WOULD YOU LIKE MY PLACE TO HELP YOU WITH?

If your application is successful, The My Place fund will provide items to support the need requested. To enable us to support more individuals through the fund, we reserve the right to provide the most cost-effective option when providing items.

|                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Name of item /<br/>Description</b>                                                                                                     |  |
| <b>What will it help<br/>you achieve?</b>                                                                                                 |  |
| <b>Where is item to be<br/>purchased from?</b><br><br><input type="checkbox"/> I would like help /<br>advice on where to<br>find the item |  |
| <b>Cost</b>                                                                                                                               |  |
| <b>Any additional<br/>information?</b><br><br>For example,<br>"On going cost"                                                             |  |





## ADDITIONAL INFORMATION

Is there anything else you would like us to know about you or the items requested?



## YOUR INFORMATION

The information you provide will only be used to process this application and will be handled in line with our data protection policy and procedure.



## FOR OFFICE USE ONLY

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Date Referral received                             | <input type="checkbox"/> |
| Eligibility check completed                        | <input type="checkbox"/> |
| Copy of tenancy agreement attached                 | <input type="checkbox"/> |
| Item on green list OR                              | <input type="checkbox"/> |
| Item approved by Leicester Homeless Charter OR     | <input type="checkbox"/> |
| Application rejected (feedback given to referrer)  | <input type="checkbox"/> |
| Item purchased                                     | <input type="checkbox"/> |
| Cost of item                                       | <input type="checkbox"/> |
| Delivery / Collection date arranged with recipient | <input type="checkbox"/> |
| Delivery / Collection completed                    | <input type="checkbox"/> |
| Information uploaded to spreadsheet                | <input type="checkbox"/> |
| Copy of invoice / receipt forward to OH Finance    | <input type="checkbox"/> |
| All paperwork completed and filed                  | <input type="checkbox"/> |

## 4. FOR OFFICE USE ONLY