

# Application for Continuing Funding for Northwards Housing Tenant and Resident Groups

Please ensure you include with this form the following items (Your RIO can photocopy these documents if needed):

1. A copy of your current book-keeping forms (bank account form and petty cash form)
2. A copy of your current bank statement
3. Receipts for the items you are claiming for
4. A signed "Funding Aid Agreement" form

Northwards Housing will not be able to process your application without them.

Name of your Group: \_\_\_\_\_

Name & address of treasurer: \_\_\_\_\_

Postcode \_\_\_\_\_

Date of your Group's last AGM: \_\_\_\_\_

## **Expenses that your group can claim:**

Treasurers may claim for expenses incurred on behalf of the tenants and residents Group. The expenses that groups can claim are listed in the table below.

<b>Expenses Table</b>
✓ Stationery (including printer inks and paper)
✓ equipment
✓ postage
✓ publicity
✓ telephone calls reimbursement of up to £60* (this does not include rental costs and an itemised bill must be provided)
✓ Broadband/dial up costs
✓ room hire for meetings
✓ modest refreshments for meetings
✓ public transport or car mileage costs (current mileage claims = 40p per mile, contact your RIO for claim forms and to provide bank details for payment, mileage payments are issued by cheque)
<b>They can also be used to involve all members of the community by providing:</b>
✓ crèche facilities for meetings
✓ child care expenses
✓ other caring expenses
✓ equipment to assist disabled access
✓ translation or interpreting facilities
✓ tapes for blind members

This funding cannot be used for social activities such as parties and trips. If a group wants to organise social events then it will need to do its own fundraising or seek alternative sources of funding.

**\*For any item of expenditure over £60, approval must first be sought from Northwards Housing.**

We declare the information provided to be correct at the time of application:

Signature Treasurer \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature Chairperson \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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For Office use only:

Payment expenses period from: Date: \_\_\_ / \_\_\_ / \_\_\_ to: Date: \_\_\_ / \_\_\_ / \_\_\_

I can confirm that the group has met the qualification requirements for reimbursement of expenses.

Name of Resident Involvement Officer \_\_\_\_\_

Signature of Resident Involvement Officer \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Office Code: 01 120 3052 14037	Approved by: _____ Position: _____	Date: _____
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Office Use Only  
Application for Expenses Reimbursement

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|---|--------|-------------------------------|----------|
| 1. Form Complete?                       | YES/NO | 5. If returned, on what date: | / /      |
| 2. Book keeping forms received?         | YES/NO | 6. Application processed?     | YES / NO |
| 3. Petty cash forms received?           | YES/NO | 7. Database updated?          | YES/NO   |
| 4. If NO to any, form returned to group | YES/NO | 8. Actioning officer:         |          |

**Please return this form to your local Resident Involvement Officer at Northwards**