



Belfast City Council



Social Supermarket Application

Please Contact Reception at Footprints on 02890923444 to obtain your membership number in order to proceed with the application

Membership Number: _____

- Food Store Opening Hours: **Mon, Tue, Wed 10AM - 1PM**
- Members will be allocated a shopping slot or you can phone to avail of our delivery service

To become a member of the Social Supermarket member evidence must be supplied that you are in receipt of one of the following:

*Income Based Job seekers Allowance;
 Income Support;
 Income Related Employment & Support Allowance;
 Guarantee Element of state Pension Credit;
 Child Tax Credit or Working Tax Credit with an annual taxable income of £16,910 or less;
 Universal Credit and net household earnings do not exceed £14,000 per year.*

Please attach any relevant evidence along with your form

Please fill out your information:

Full Name: _____

Telephone: _____

Self-Referral: Yes No

Referral by Agency: Yes No

Referrers name and Job Title: _____

In the last year have you been impacted by austerity/welfare reform changes?

- | | |
|-----------------------------------------------|--------------------------------------------------------------|
| Gone into Debt/ Debts increased | Borrowed money from family and friends to pay for essentials |
| Had to use foodbank | Sold items to pay for essentials |
| In rent arrears/rent arrears increased | Reduced working hours due to childcare costs |
| Asked a charity for help with living costs | Moved to a cheaper property |
| Had to cut back on essentials (clothing etc.) | Cut back on additional expenditure (holidays/car) |
| Cut back on food | Not used fuel/electricity to save money |
| | Other (Please Specify) _____ |
| | _____ |
| | _____ |

After rent and payment of debt/expenses can you please state approx how much disposable income you have left each month/week?

All information obtained on this form is held and maintained confidentiality and in compliance with GDPR & the Data protection Act 1998

Member Signature: _____

Date: _____