AVON & SOMERSET CONSTABULARY BENEVOLENT FUND

**Application for Assistance** Benevolent Fund Office

**(Confidential)** Reference:

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| --- |
| **Applicant Details** |
| Name |  | Role |  |
| Home Address |  | Date of Birth  |  |
|  | Relationship Status  |  |
|  | Telephone  |  |
|  | Force No  |  |
| Postcode |  | National Ins  |  |
| Station/Base |  |  Payroll No |  |
| E-mail address |  |

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| --- |
| **Spouse/Partner Details**  |
| Name |  | Date of Birth |  |
| Address(If different) |  |  |  |
|  |  |  |
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| **Dependents (including adults)** |
| Name | Age | Living at home or away | Relationship to applicant | Employed/unemployed or at school/university |
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| **Previous applications for financial assistance**  |
| Date | Amount | Assistance Provider | Nature of Assistance |
|  |  |  |  |
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| --- |
| **Other advice, guidance or support approached.**(Charities, debt management (please attach copy), employment services e.g. OH, HR …) |
|  | Name of Company/Dept |  Support provided (financial or otherwise) |
|  1 |  |  |
|  2 |  |  |
|  3 |  |  |
|  4 |  |  |

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| **Monthly income and expenditure of household** (Please complete relevant sections) |
| **Net Monthly Income** | **£** | **Monthly Expenditure** | **£** | **Arrears** | **Office use only** |
| Wages / Salary (applicant) |  | Mortgage |  |  |  |
| Wages / Salary (spouse /partner) |  | Rent  |  |  |  |
| Maintenance / CSA Receipts |  | Council Tax |  |  |  |
|  |  | Gas |  |  |  |
| **Pensions (applicant)** |  | Electricity |  |  |  |
| Pension Income  |  | Other fuel |  |  |  |
| **Pensions (spouse/****partner)** |  | Maintenance / CSA payments |  |  |  |
| Pension Income  |  | Telephone |  |  |  |
|  |  | Mobile telephone(s) |  |  |  |
|  |  | TV / satellite / cable / licence |  |  |  |
|  |  | Buildings / contentsinsurance |  |  |  |
|  |  | Other housing costs |  |  |  |
|  |  | Mortgage endowment policy |  |  |  |
|  |  | Life assurance |  |  |  |
| **State Benefits** |  | Other insurance(s) |  |  |  |
| Applicant |  | Average monthly food bill |  |  |  |
|  |  | Other housekeeping |  |  |  |
|  |  | Car costs (i/c insurance/fuel) |  |  |  |
|  |  | Travel costs |  |  |  |
| Partner/Spouse |  | Meals at school / work |  |  |  |
|  |  | Clothing |  |  |  |
|  |  | Carer / childcare costs |  |  |  |
|  Child Benefit |  | Loans / Liabilities / debts (give fuller breakdown details on next page) |  |  |  |
|  |  | Hobbies / Entertainment |  |  |  |
|  |  | Cigarettes / Alcohol |  |  |  |
| **All other Income** |  | Medical or Dietary Expenses |  |  |  |
| Dividends |  |  |  |  |  |
| Family contributions |  |  Non-recurring expenditure e.g., property maintenance |  |  |  |
| Interest |  |
| Rental Income |  |  Other expenditure |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Income** |  | **Total Expenditure**  |  |  |  |
|  |  |  |  |  |  |
| **I am a subscribing member of the Benevolent Fund** |  | **I do not currently subscribe to the Benevolent Fund:** |  |  |  |
| **Please send me details:** |  |  |  |

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| --- |
| **Liabilities / debts**(Includes secured loans, unsecured loans, HP, Trading agreements) |
| **Creditors** | **Purchase****Date** | **Contract****Amount** | **Monthly****Instalment** | **Total****Arrears** | **Outstanding** |
|  |  |  |  |  |  |
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|  |  | **Totals:** |  |  |  |

|  |  |
| --- | --- |
| **Savings and capital** |  |
| Applicant’s and spouse/partner’s total savings (including capital, investments) | **£** |

**Supporting Information**

# (Please outline the reason for your application and continue on separate sheets if necessary)

If you’re requesting support for a specific purchase or repair, please attach written quotes for the item or work to be undertaken)

(per month)

AMOUNT REQUESTED: £

SUGGESTED LOAN REPAYMENT RATE £

IMPORTANT NOTES

The information on this form will be used to decide whether to make available to you funds from the Benevolent Fund and it is therefore a condition of the loan or grant.

Should any of the information subsequently be found to be incorrect or misleading the Avon and Somerset Constabulary Benevolent Fund Trustees reserve the right to recover all the funds made available to you forthwith.

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I will inform the Avon and Somerset Constabulary Benevolent Fund immediately of any change in my circumstances relevant to this application.

I give permission for the Avon and Somerset Constabulary Benevolent Fund to store and process my personal information for the purposes of carrying out its charitable objectives. I understand that I have the right to receive a copy of this information and correct any inaccuracies, if appropriate. I also understand that my personal information will be treated confidentially.

I give permission for the Avon and Somerset Constabulary Benevolent Fund to share the information I have given on this application with other charities who may be able to help me.

Where I have included information about other named individuals (e.g., dependents/children) on this form, I have notified these individuals and they have given permission for the Avon and Somerset Constabulary Benevolent Fund to store and process their personal information.

I declare that all the information I have given is, to the best of my knowledge, correct.

# Applicant’s Signature ………………………………………………………… Date ……………………….

Partner/Spouse’s Signature ………………………………………………… Date ……….………………