

## AVON and SOMERSET CONSTABULARY BENVOLENT FUND

**Application for Assistance (Serving Officer)**  
 (Please see notes of guidance & complete all relevant sections)

Ben Fund Office Reference:

<b>Particulars of applicant</b>			
Name		Date of Birth	
Home Address		Relationship Status	
		Telephone	
		Force No	
		National Ins No	
Post Code		Payroll No	
Station		Role	
E-mail address			

<b>Particulars of spouse/partner</b>			
Name		Date of Birth	
Address (If different)			

<b>Particulars of dependants (including adults)</b>				
Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school/university

<b>Previous applications for assistance</b> (please include all sources of financial assistance)			
Date	Amount	Assistance Provider	Nature of Assistance

<b>Other assistance providers approached</b> (local, national, occupational charities, etc with amounts requested/promised/received)					
	Assistance Provider Name	Amount		Assistance Provider Name	Amount
1			5		
2			6		
3			7		
4			8		

**Monthly income and expenditure of household (Please complete relevant sections)**

<b>Net Monthly Income</b>	<b>£</b>	<b>Monthly Expenditure</b>	<b>£</b>	<b>Arrears</b>	<b>Office use only</b>
Wages / Salary (Applicant)		Mortgage			
Wages / Salary (Spouse / Partner)		Rent (less housing benefit)			
Maintenance / CSA Receipts		Council Tax (less council tax benefit)			
		Gas			
<b>Pensions - applicant</b>		Electricity			
Pension Income (If any)		Other fuel			
<b>Pensions – spouse/partner</b>		Maintenance / CSA payments			
Pension Income (If any)		Telephone			
		Mobile telephone(s)			
		TV / satellite / cable / licence			
		Buildings / contents insurance			
		Other housing costs			
		Mortgage endowment policy			
		Life assurance			
<b>State Benefits</b> (please list all benefits you receive)		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			
Family Allowance (If any)		Loans / Liabilities / debts (give fuller breakdown details on next page)			
		Hobbies / Entertainment			
		Cigarettes / Alcohol			
<b>All other Income</b>		Medical or Dietary Expenses			
Dividends					
Family contributions		Non recurring expenditure			
Interest		e.g. property maintenance			
Rental Income		Other expenditure			
<b>Total Income</b>		<b>Total Expenditure</b>			

<b>Liabilities / debts</b> (includes secured loans, unsecured loans, HP, Trading agreements)					
<b>Creditors</b>	<b>Purchase Date</b>	<b>Contract Amount</b>	<b>Monthly Instalment</b>	<b>Total Arrears</b>	<b>Outstanding</b>
		<b>Totals</b>			

<b>Savings and capital</b>	
Applicant's and spouse/partner's total savings (including capital, investments)	£

**Supporting Information**  
 (Please outline the reason for your application and continue on separate sheet if necessary)  
 If you are requesting support for a specific purchase or repair please attach written quotes for the item or work to be undertaken)

CONFIDENTIAL

AMOUNT REQUESTED: £

SUGGESTED LOAN REPAYMENT RATE £ (per month)

**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.

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 confirm that I have read and understand the "Important Notes" and 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 .....