

AVON and SOMERSET CONSTABULARY BENVOLENT FUND

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

Ben Fund Office Reference:

Particulars of applicant			
Name		Date of Birth	
Home Address		Relationship Status	
		Telephone	
		National Ins No	
		Pension Payroll No	
Post Code			
E-mail address			

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

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

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

Other assistance providers approached (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)					
Net Monthly Income	£	Monthly Expenditure	£	Arrears	Office use only
Wages / Salary (Applicant)		Mortgage			
Wages / Salary (Spouse / Partner)		Rent (less housing benefit)			
Maintenance / CSA Receipts		Council Tax (less council tax benefit)			
		Gas			
Pensions - applicant		Electricity			
Police Pension		Other fuel			
Other Pension (if any)		Maintenance / CSA payments			
		Telephone			
		Mobile telephone(s)			
Pensions – spouse/partner		TV / satellite / cable / licence			
Pension Income (If any)		Buildings / contents insurance			
		Other housing costs			
		Mortgage endowment policy			
		Life assurance			
State Benefits (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			
All other Income		Medical or Dietary Expenses			
Dividends					
Family contributions		Non recurring expenditure			
Interest		e.g. property maintenance			
Rental Income		Other expenditure			
Total Income		Total Expenditure			

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