

# AVON and SOMERSET CONSTABULARY BENVOLENT FUND

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

Ben Fund Office Reference:

<b>Particulars of applicant</b>			
Name		Date of Birth	
Home Address		Telephone	
		National Ins No	
Post Code			
E-mail address			

<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		

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

Monthly income and expenditure of household (Please complete relevant sections)					
Net Monthly Income	£	Monthly Expenditure	£	Arrears	Office use only
Wages / Salary		Mortgage			
Maintenance / CSA Receipts		Rent (after housing benefit)			
		Council Tax (after council tax benefit)			
		Gas			
<b>Pensions</b>		Electricity			
Police Pension		Other fuel (oil/coal/calor gas)			
Other Pension (if any)		Maintenance / CSA payments			
		Telephone			
<b>State Benefits</b> (please list all benefits you receive)		Mobile telephone(s)			
		TV / satellite / cable / licence			
Attendance Allowance		Buildings / contents insurance			
Carer's Allowance		Other housing costs			
Child Benefit		Mortgage endowment policy			
		Life assurance			
Disability Living Allowance		Other insurance(s)			
Employment & Support Allowance		Average Monthly Food Bill			
		Other Housekeeping			
		Car costs (i/c insurance/fuel)			
		Travel costs			
		Meals at school / work			
		Clothing			
		Carer / childcare costs			
		Loans / Liabilities / debts (give fuller breakdown details on next page)			
<b>All other Income</b>		Hobbies / Entertainment			
Dividends		Cigarettes / Alcohol			
Family contributions		Medical or Dietary Expenses			
Interest		Pets			
Rental Income		Non recurring expenditure e.g. property maintenance			
		Cleaner			
		Gardener			
		Other expenditure			
<b>Total Income</b>		<b>Total Expenditure</b>			

<b>5. Details of last employment</b>				(Even if currently retired or	
Name of employer	Nature of employment	From date	To date	Type of business or trade,	Union/trade association

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

**Supporting Information**  
Please outline the reason for your application, (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

**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 .....

When completed please return it to:  
Avon and Somerset Constabulary Benevolent Fund Office,  
1, St David's Court, Windmill Road, Kenn, Clevedon BS21 6UP