

APPLICATION FOR ASSISTANCE

(To be completed only by a representative of the Service organisation named below)

Case Number:

Reference Number:

1. Particulars of applicant				
Surname		NI number		
Address		Forenames		
		*Place of birth		
		Date of birth		
		*Religion		
Postcode		Single/married/divorced/widowed/partner		
Telephone		Date of marriage/partnership if applicable		
Length of time living at this address		Date of divorce/separation if applicable		
Type of accommodation (house, flat, etc)		Date spouse/partner died if applicable		
Owner-occupied/rented/leased		Relationship to person on Section 4		
Previous address if changed within last three years			<i>* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion</i>	

2. Particulars of spouse/partner				
Surname		NI number		
Address if different from applicant		Forenames		
		*Place of birth		
		Date of birth		
		*Religion		
		Telephone		
Reason for separate address if applicable				
<i>* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion</i>				

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

IN CONFIDENCE WHEN COMPLETED

FormA 2002c v2.52

4. Particulars of person on whom eligibility is based			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.serv./TA/reserve/other)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country/period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

5. Particulars of spouse/partner if also served			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.serv./TA/reserve/other)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country/period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

6. Details of civilian employment					
	Name of employer	Nature of employment	From date	To date	Type of business or trade union/trade association
A P P L I C A N T					
S P O U S E / P A R T N E R					

7. Weekly income and expenditure of household							
Weekly Income		£	Weekly Expenditure		£	Arrears	Office use only
Earnings							
Wages/salary of applicant			Mortgage				
Wages/salary of spouse/partner			Second mortgage				
Maintenance/CSA receipts			Rent (less housing benefit - Section 9)				
Subletting/boarders etc			Council tax (less council tax benefit - Section 9)				
			Gas				
Pensions - applicant			Electricity				
Service retirement pension			Magistrates court fines				
Service invalidity pension	%		Maintenance/CSA payments				
Occupational pensions			Water/sewage charges				
State retirement pension			Telephone				
War disablement pension	%		TV/video/satellite/cable				
Widows pension/bereavement allowance			Ground rent/service charge				
War widows pension/AFFP pension			Building/contents insurance				
			Other housing costs				
Pensions - spouse/partner			Mortgage endowment policy				
Service retirement pension			Life insurance				
Service invalidity pension	%		Other insurance(s) - Specify				
Occupational pensions							
State retirement pension							
War disablement pension	%		Other fuel (oil,coal,calor gas,etc)				
Widows pension/bereavement allowance			Pension contributions				
War widows pension/AFFP pension			Housekeeping(food,laundry,cleaning,papers,etc)				
			Car costs (MOT,tax,insurance,running-costs,etc)				
State benefits			Travel costs (taxis,trains,buses,etc)				
JSA/Income support - applicant			Meals at school/work				
JSA/Income support - spouse/partner			Clothing				
Disability-related benefits - Specify			Prescriptions/health costs				
			Carer/childminder costs				
			Liabilities/debts (from Section 10)				
Family/child-related benefits - Specify							
			Other expenditure - Specify				
Other benefits - Specify							
All other income - Specify							
Total Income			Total Expenditure				

8. Savings and capital	
Applicant's and spouse/partner's total savings (including capital, investments, bank, building society, etc)	

9. State benefits			
Is the applicant in receipt of housing benefit (YES/NO)?		Is the applicant receiving council tax benefit (YES/NO)?	
Are enquiries being made about other benefits (YES/NO)?		If benefit enquiries are being made, enter details below.	

10. Liabilities / debts (secured loans, unsecured loans, HP, trading agreements, loans from family members, etc)					
Creditors	Purchase Date	Contract Amount	Weekly Inst'ment	Total Arrears	Outstanding
Totals					

11. Previous assistance (from all sources including RBL and SSAFA-FH)			
Date	Amount	Fund	Nature of Assistance

12. Assistance required		
Type of assistance	Estimated Cost	Contribution from client and family members

13. Declaration	
<ul style="list-style-type: none"> * I declare that the information I have given in Sections 1-12 is, to the best of my knowledge, correct. * I understand that the information I have provided will be used to process this application for assistance. * I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application. * I authorise to approach other agencies, including the Benefits Agency and other charities, on my behalf. 	
Signature of applicant:	Signature of spouse/partner:
Date of signature:	Date of signature:



14. Other funds approached (local, national, occupational etc with amounts requested/promised/received)					
	Fund Name	Amount		Fund Name	Amount
1			4		
2			5		
3			6		

15. Caseworker's report and recommendations

* Caseworkers are reminded of their responsibilities regarding the Data Protection Act 1998.
 * A copy of 'Notes for Clients' or equivalent Fair Processing Notice should be left with the applicant.

AMOUNT REQUIRED £

Signature of Caseworker		Date	
		Name in block letters	
Title for correspondence		Office held	
Postal Address		Branch/Div/Service C'tee	
		Flagbook/Branch number	
		Telephone	
		Fax	
		eMail	
Cheques should be made payable to		(a/c name) and sent to:	