**Application for financial assistance**

(Please read the accompanying ‘Guidance Notes’ when completing this form.

The information you provide may be shared with other nautical charities in the

interests of obtaining the best possible assistance for you)

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| **1. Personal details** |
| Surname: | First Names: |
| Address: | Date of Birth: |
|  | Occupation: |
|  | National Insurance No: |
|  | Married/Single/Widow/Widower/Partner/Separated |
| Post Code: | Telephone No: |
|  | Email Address: |

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| **2. Next of kin** | **3. Dependents** |
| Name: | Number of Children: |
| Address: | Age(s): |
|  | Sex: |
|  | Full-Time Education: YES / NO |
| Telephone No: | Spouse / Partner |

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| **4. Particulars of person on whom eligibility is based** |
| Surname: | First Names: |
| Date of Birth: | Relationship to Applicant: |
| Date of Death (if applicable): | Cause of Death (if applicable): |
| Rank at end of Service: | Discharge Book No: |
| Reason for Discharge: | Date of Discharge: |
| Service (Merchant Navy/Royal Navy/other(please state) – with dates: |
| Eligibility category as listed in Guidance Notes: (a) (b) (c) (d) circle that which is appropriate |

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| **5. Other relevant information** |
| Name and Tel No. of carer or case worker (if applicable): |
| If you are unemployed, please state:a) Whether due to retirement, disability or other personal reason: ....................................................b) Name and address of last employer: ................................................................................................ ...........................................................................................................................................................c) Capacity in which last employed: ......................................................................................................d) Date and reason for termination of last employment: .......................................................................e) Previous positions held, with dates: (If sea-going, give names of ships, owners, rank held, or if possible send us your Discharge Book or photo copy. Use a separate sheet of paper if you need more space) ............................................................................................................................................................ ............................................................................................................................................................ |
| Has an application for financial assistance been made by you, or on your behalf, to any other Charity, organisation, society etc. YES/ NO (please circle)If yes, please state particulars, including which organisation, and result if known:........................................................................................................................................................................................................................................................................................................................ |

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| **6. Income including spouse or partner** | **WEEKLY** |
| State Retirement or Widows Pension (including Pension Credit) | £ |
| War Pension/Service Pension/Service Disablement Allowance  | £ |
| Armed Forces Compensation Scheme | £ |
| Pension from any other source (e.g. previous employer(s) | £ |
| Income Support | £ |
| Universal Credit | £ |
| Income-based Jobseekers Allowance / Jobseekers Allowance | £ |
| Disability Living Allowance or Personal Independence Payment (PIP) | £ |
| Attendance Allowance | £ |
| Carer’s Allowance | £ |
| Statutory Sick Pay | £ |
| Employment and Support Allowance | £ |
| Incapacity Benefit | £ |
| Severe Disablement Allowance | £ |
| Child Tax Credit | £ |
| Working Tax Credit | £ |
| Child Benefit | £ |
| Guardian’s Allowance | £ |
| Industrial Injuries Disablement Benefit | £ |
| Disablement Constant Attendance Allowance | £ |
| Disablement Reduced Earnings Allowance | £ |
| Disablement Retirement Allowance | £ |
| Widowed Parent’s Allowance | £ |
| Bereavement Allowance | £ |
| Care Home Funding | £ |
| Income from any property owned by you | £ |
| Grants from any other charity, organisation or society | £ |
| Contribution to household by family members’ (if any) | £ |
| Earnings from employment (full or part-time)  | £ |
| Interest, Dividends or any other annual payments received | £ |
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| **TOTAL INCOME** | £ |

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| **TOTAL ANNUAL INCOME (for office use only)** | £ |

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| **7. Monies you owe** |
| **Credit Card DEBT** | Company: ....................................Company: ....................................Company: .................................... | Amount outstanding £...................Amount outstanding £...................Amount outstanding £................... |
| **Hire Purchase** | Company: .................................... | Value of Goods £...........................Amount outstanding £......................Date of final payment.....................  |
| **Loans** | Company: ....................................Company: ...................................Company: .................................... | Amount outstanding £....................Amount outstanding £....................Amount outstanding £.................... |

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| **8. Your expenditure** | **WEEKLY** | **ARREARS** |
| Mortgage repayments: Building Society/Bank/other lender | £ | £ |
| Rent paid to Landlord or Council  | £ | £ |
| Council Tax  | £ | £ |
| Water and Sewerage | £ | £ |
| Housekeeping (food & household expenses) | £ | £ |
| Heating & Lighting (fuel, gas, electricity) | £ | £ |
| Insurance Premiums (life, house, contents, car etc.) | £ | £ |
| Credit card payments | £ | £ |
| Hire Purchase payments | £ | £ |
| Loan repayments | £ | £ |
| Clothing, shoes etc. | £ | £ |
| TV Licence and/or rental | £ | £ |
| Telephone | £ | £ |
| Travel (give details) | £ | £ |
| Medical expenses (give details) | £ | £ |
| Care Home expenses | £ | £ |
| Holidays | £ | £ |
| Newspapers, magazines, books etc. | £ | £ |
| Any other Special Expenses (give details) | £ | £ |
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| **TOTAL EXPENSES/ARREARS** | £ | £ |

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| **TOTAL ANNUAL EXPENDITURE (for office use only)** | £ |

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| **9. Savings and investments** |
| Cash in hand at Bank, Building Society or Post Office | £ |
| Cash on Deposit (National Savings, Bonds, and Shares etc.) | £ |
| Other Investments | £ |
| **TOTAL SAVINGS & INVESTMENTS (for office use only)** | £ |

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| **10. Further information** |
| You may, if you wish, provide further information in support of your application that you consider relevant (e.g. financial, health special needs, expenses and the reason why you are seeking financial assistance.) |

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| **11. Supporters** |
| Supporter 1. | Supporter 2. |

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| **12. Declaration** |
| To be completed by the applicant * I declare that the information I have given in Sections 1-11 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 the Guild of Benevolence of the IMarEST to approach other agencies, including the Benefits Agency and other charities, on my behalf.
* I accept that if a regular grant is awarded it will be subject to periodic review.

 Applicant’s signature: ...................................................................... Date :....................................... |

PLEASE ENSURE THAT YOU HAVE PROVIDED ALL THE INFORMATION REQUESTED.

**IMPORTANT**

If you have any difficulties with any of the questions shown on the form, then either write to or telephone the Guild office which is manned on Mondays to Fridays 9.00am – 4.00pm. If you telephone and no member of the committee is available, please leave a message and your call will be returned as soon as possible. Please remember to leave a telephone number when you call so that we can contact you without delay.

**FOR OFFICE USE ONLY**

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| Date received: | Committee date: | Minute no: |

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| Other Funds approached: |
| Committee Decision: |
| Date grant commenced or payment made: |