



BENEVOLENT FUND FINANCIAL ASSISTANCE FORM

Private & Confidential Application for Financial Assistance – Information provided on this form is strictly confidential

PART IA Personal Details

Surname:
Title: Forename:
Membership Number: Grade: Date/Year of Membership:
Are you applying as a dependant of a past/present Member:
Age: Date of birth:
Address:
.....
..... Postcode:
Phone: Mobile:
Email:
Married: Widowed: Divorced: Seperated: Single:
Nationality:

PART 2A Family Details

Name of Family Member	Date of Birth	Living with Applicant Yes/No	Contribution To Household (£)

PART 2B Employment Details

PLEASE PROVIDE DETAILS OF YOUR PRESENT/MOST RECENT EMPLOYMENT:

Employed: Unemployed: Retired:

Date and details of current/most recent employment:

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Are you now or have you ever been a member of any other professional body or society? Yes: No:

If so, which and when:

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Are you a member of any Unions, Societies e.g. Freemasons? Yes: No:

PART 2C Armed Services Details

PLEASE INDICATE YOUR OR YOUR PARTNER'S SERVICE WITH HM FORCES. IF APPLYING FOR PARENTS OR RELATIVES, PLEASE GIVE THEIR DETAILS IF APPLICABLE

Service/Branch	Number	Rank	Dates

PART 2D

Property Details

Do you own a property? Yes: No:

If No, please go to Part 2E

If yes, please approximate current value:

Date of purchase:

Amount of mortgage outstanding:

Remaining length of mortgage:

Type of mortgage:

Building Society:

PART 2E

Rented Accommodation Details

Do you live in rented accommodation? Yes: No:

Council Owned: Housing Association: Part Owned Tenant

If yes, please give details:

Please describe the condition of your property:

PART 2F

Financial Details

HOW MUCH MONEY DO YOU AND YOUR PARTNER HAVE IN:

Current Accounts: Deposit Accounts: Building Society:

Other Investments: Income Bonds: Premium Bonds:

PEPS/TESSAS/ISAS: Cash/Other:

Do you have any stocks or shares? Yes: No:

If so, please give details about the Company, Amount, Type and Value:

Do you have any Life Insurance Policies? Yes: No:

If so, please give details about the Company, Life Assured, Amount and Date of Maturity:

PART 2F

Continued...

Do you have any Endowment Policies? Yes: No:

If so, please give details about the Company, Amount and Date of Maturity:

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Do you have access to any Family/other? Yes: No:

If so, please give details about the Company, Amount and Date of Maturity:

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Do you have any other property e.g. Boats, Caravans, Holiday Homes or Time Shares? Yes: No:

If so, please give details:

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ANY SAVINGS/INVESTMENTS THAT YOU HAVE OVER £8000 MAY BE TAKEN INTO CONSIDERATION BUT YOUR APPLICATION WILL BE ASSESSED ACCORDING TO YOUR CIRCUMSTANCES AND NEEDS AT THE TIME YOU SEEK ASSISTANCE.

PART 2G

Monthly Income

Monthly Income	£
Earnings	
Wages/Salary (Applicant) NET	
Wages/Salary (Spouse/Partner) NET	
Maintenance/CSA Receipts	
Sub-letting, boarders etc.	
Pensions (Applicant)	
State Retirement Pension	
Occupational Pension (state employers)	
State Widows Pensions/Bereavement Allowance	
War Widow's Pension	
HM Forces Pension	
HM Forces Invalidity Pension	
War Disablement Pension	
Statutory Sick Pay	
Other State Benefits	
JSA/Income Support/Pension Credit (Applicant)	
JSA/Income Support/Pension Credit (Spouse/Partner)	
Incapacity Benefit (Applicant)	
Incapacity Benefit (Spouse/Partner)	
Disability Living Allowance (Applicant)	
Care	
Mobility	

PART 2G

Continued...

Monthly Income	£
Disability Living Allowance (Spouse/Partner)	
Care	
Mobility	
Attendance Allowance (Applicant)	
Attendance Allowance (Spouse/Partner)	
Child Benefit	
Working Tax Credit	
Child Tax Credit	
Council Benefit	
Housing Benefit	
Any other Income/Benefits (Please specify)	
Total Monthly Income	

PART 2H

Monthly Expenditure

Monthly Expenditure	£	Arrears £	Office Use
Mortgage			
Second Mortgage			
Rent (before Housing Benefit)			
Council Tax (before Council Tax Benefit)			
Gas			
Electricity			
Magistrates court fines			
Maintenance/CSA payment			
Water rates/sewage charges			
Telephone			

PART 2H

Continued...

Monthly Expenditure	£	Arrears £	Office Use
TV/Satellite/Cable			
Ground Rent/Service charges			
Building/Contents Insurance			
Other Housing costs			
Mortgage Endowment policy			
Life Insurance			
Other Insurance			
Other fuel (coal, oil, calor gas etc.)			
Pension Contributions			
Housekeeping (including food, laundry, shopping etc).			
Car costs (including insurance, MOT, running cost, TAX etc.)			
Travel costs (public transport)			
Work costs (meal, tools etc.)			
Clothing			
Prescription and Health costs			
Carer/Childcare costs			
Debts (See next page)			
Bank overdrafts			
Total Monthly Expenditure			

COMPARISON

Expense vs Income

Total Monthly Expenditure	£
Total Monthly Income	£

PART 2I Debt Details

PLEASE GIVE DETAILS OF ANY OUTSTANDING DEBTS

Creditor Name	Purpose of Loan	Amount Borrowed	Weekly Instalments	Amount Outstanding

PART 2J Organisations and Charity Details

PLEASE GIVE DETAILS OF ALL OTHER ORGANISATIONS AND CHARITIES YOU HAVE APPROACHED

Name of Charity/Organisation	Please state if help granted/promised/refused	Amount (£)

PART 2K Benevolent Fund

How did you hear about the CIOB Benevolent Fund?

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Have you ever received financial help from the CIOB Benevolent Fund before?

If so, please give details about the date(s), amount and purpose:

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PART 3

Reason for your application

Please give as much background information as possible. If we don't have this information, we may not be able to proceed with your application and it may be delayed.

In this section, also tell us:

- a) How did you come to be in financial difficulty?
- b) What is the problem with which you need help?
- c) How can we help?
- d) Which organisations have you approached and what was the outcome e.g. social services, social fund, other charities?

PLEASE NOTE: THE TRUSTEES WILL NOT NORMALLY CONSIDER ASSISTING FINANCIALLY WITH ITEMS OR SERVICES ALREADY PAID FOR PRIOR TO THE APPLICATION, EXCEPT IN CASES WHERE AN EMERGENCY HAS RESULTED IN THE APPLICANT GOING IN TO DEBT.

PART 3

Continued...

What is the approximate amount you need help with (if known)?

Are you able to contribute anything towards the above – if so, how much?

What documents (e.g. estimates) are you sending as evidence?

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Any other matters to be noted: e.g. Special health problems, e.g. hearing, speech, sight, asthma or disablemen, any difficulties in managing gardening, shopping, cleaning, social isolation, housing issues, etc.

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PART 4

For all applications

I DECLARE THAT THE FOREGOING PARTICULARS ARE ACCURATE AND GIVE A TRUE ACCOUNT OF MY/OUR PRESENT FINANCIAL POSITION AND CIRCUMSTANCES

Applicant/s Signature/s?

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Date:

DATA PROTECTION: By signing this form the applicant mentioned above, agrees to the information in the form and any attachments being stored in CIOB Benevolent Fund's filing system and summarised in the Fund's computer system for the sole use of grant processing analyses and accounts.

Please either return completed application form together with any supporting documentation to:

The Secretary, CIOB Benevolent Fund Ltd, 1 Arlington Square, Downshire Way, Bracknell, RG12 1WA

Print, scan/photo capture the pages of this form and email to : fmacdonald@ciob.org.uk



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