­­­­­ **THE TOBACCO PIPE MAKERS & TOBACCO TRADE BENEVOLENT FUND**

Forum Court, Office 2FF, Saphir House, 5 Jubilee Way, Faversham, Kent, ME13 8GD

**Tel: 020 8663 3050**

Application for Assistance

APPLICANT’S PERSONAL DETAILS:

|  |  |
| --- | --- |
| Full Name (*Applicant):* |  |
| Address: | Post Code |
| Telephone No: (incl std code) |  |
| Marital Status: Single/Married/Widow/Widower/Divorced/Separated\* Date of Marriage: .......................  \* (*delete as applicable*) | |
| Date of Birth (*Applicant*): |  |
| National Insurance No: |  |

PARTNER’S PERSONAL DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (*Partner):* |  | | NI no: |
| Date of Birth (*Partner*) |  | If deceased please give date of death: | |

**PLEASE SUPPLY EMERGENCY CONTACT DETAILS and/or Children/Next Of Kin**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Address** | **Tel. No.** |
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**ACCOMMODATION:** please tick please tick

|  |  |  |  |
| --- | --- | --- | --- |
| Owner Occupied |  | House |  |
| Shared Ownership |  | Bungalow |  |
| Housing Association |  | Flat |  |
| Council |  | Sheltered Housing |  |
| Privately Rented |  | Residential Home |  |
| Other (please specify) |  |  | |

**EMPLOYMENT WITHIN TOBACCO TRADE:**

*(N.B. No application can be accepted without a proven Tobacco Trade connection)*

**Applicant:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Company or premises** | **Location** | **Job Title (or type of work)** | **From: (year)** | **To: (year)** | **Total no. of years** | **Employee/ self-employed** |
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**Partner (if applicable):**

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**EMPLOYMENT WITHIN OTHER ORGANISATIONS:**

**Applicant:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of company** | **Type of company** | **Job Title** | **From** | **To** | **Total years** |
|  |  |  |  |  |  |
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**Partner:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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**DO YOU OWN YOUR OWN HOUSE? IF SO:**

|  |  |
| --- | --- |
| What is its approximate value? | £ |
| How much mortgage is outstanding? | £ |
| Is the house insured? | YES/NO\* \*(delete as applicable) |
| For how much? | £ |

#### IF THE APPLICANT/PARTNER IS RESIDENT IN OR ENTERING A NURSING/RESIDENTIAL HOME:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the home: | |  | |
| Address:  Postcode | | | |
| Telephone No: | | | |
| Amount of fees | £ monthly/weekly | | Total weekly: £ |
| Income (from Page 4)\* | | | Total weekly: £ |
| Shortfall | | | Total weekly: £ |
| Contributions available/expected from other sources: | | | Total weekly: £ |
| **UNMET SHORTFALL:** | | | **£** |

\*Does this include the amount allowed for personal expenses? YES / NO

**ADDITIONAL INFORMATION:**

|  |
| --- |
| Apart from yourself (and your wife/husband) does anyone else live in the house? YES  NO  If Yes: Who? (Relationship) ……………………………………………………………………………………..  What contribution do they make to the household? ……………………………………………………………  Number of dependent children: …………………… Ages of dependent children: ………………………….  Do your relatives help you?……………………………………………………………………………………….. |

|  |  |
| --- | --- |
| Do you have a television? | YES/NO (delete as applicable) |
| Is the TV rented or your own? Does it work? | RENTED/OWNED WORKING – YES/NO |
| If it is RENTED, who pays the rent? |  |
| From which company is it rented? |  |
| Do you have a TV licence? | YES/NO/EXEMPT (delete as applicable) |
| In which month does the licence expire? | Last day of ..................month...........year |
| Who pays the licence? |  |

**Do you get help from any other charity?** YES / NO

If YES please give details (which charity, how much they give and how often?) …………………………. ………………………………………………………………………………………………………………………

Have you made an application to any other charity? YES / NO

If YES please give details ………………………………………………………………………………………..

**How did you hear about the Tobacco Charity?**..................................................................................

|  |  |
| --- | --- |
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**FINANCIAL STATEMENT  
Strictly Private and Confidential**

Name ………………………………………………………………………….. Date ……………………………..

Address ……………………………………………………………………….. Postcode ……………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weekly Income** | **Self** | **Partner** | **Weekly Expenditure** | **Self** | **Partner** |
|  | **£** | **£** |  | **£** | **£** |
| Employment (if working net figure) |  |  | Mortgage Repayments |  |  |
| State Retirement Pension |  |  | Rent (or amount paid) |  |  |
| Occupational Pension |  |  | Council Tax (or amount paid) |  |  |
| Widow’s Pension |  |  | Service charge/Ground rent |  |  |
| Pension Credit Guarantee |  |  | Water/Sewerage |  |  |
| Pension Savings Credit |  |  |  |  |  |
| Severe Disablement Premium\* |  |  |  |  |  |
| Attendance Allowance |  |  | *If applicant in Residential Home:* |  |  |
| DLA or PIP  (please circle rate if known)   * Care – higher/middle/lower * Mobility – higher/lower |  |  | Care Home Fees |  |  |
|  |  | Contribution by Local Authority |  |  |
|  |  | Shortfall (*if applicable)* |  |  |
|  |  |  |  |  |
| Child Benefit |  |  |  |  |  |
| War Pension/War Widow’s Pension |  |  | Details of Debts/Arrears |  |  |
| Child Tax Credit |  |  | *If applicable* |  |  |
| Universal Credit |  |  |  |  |  |
| Employment Support Allowance |  |  |  |  |  |
| Carer’s Allowance |  |  |  |  |  |
| Job Seeker’s Allowance |  |  |  |  |  |
| Working Tax Credit |  |  |  |  |  |
| Income Support |  |  |  |  |  |
| Industrial Injuries Disablement |  |  |  |  |  |
| Child Maintenance |  |  |  |  |  |
| Income from relatives/other charities |  |  |  |  |  |
| Friends and family |  |  |  |  |  |
| **Total weekly income**  **(excl those in the shaded box)** |  |  | **Total weekly expenditure**  **(excl those in the shaded box)** |  |  |

If an element is included in the Pension Credit payment, income support, employment and support allowance or jobseekers allowance payment, please separate these amounts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Savings** | **Self £** | **Partner £** | **Savings** | **Self £** | **Partner £** |
| Bank (current) |  |  | Building Society |  |  |
| Bank (savings) |  |  | ISA |  |  |
| Premium Bonds |  |  | Other (please give details) |  |  |
| Shares |  |  | Total |  |  |

|  |
| --- |
| **Beneficiary signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Reason for Application:**

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*Where you are requesting help towards a specific item (eg mobility items or financial help towards for example, a shower), please provide copy quotations, if available.*

**Declaration:**

I declare that the information in this application is accurate and gives a true account of my/our present financial position, and that the relevant supporting documents can be provided if required.

I understand the information I have provided will be used to process this application for assistance ande undertake to inform you of any changes in my circumstances that may affect any decision to grant me relief.

I have not made any application to another charity in Great Britain or elsewhere, unless otherwise indicated on the form.

|  |  |
| --- | --- |
|  | I understand that the above information will be held on a computer database and password protected server, and I consent to the collection, processing and dissemination of this information by The Tobacco Pipe Makers and Tobacco Trade Benevolent Fund and its agents, including Forum Court Associates, in line with the General Data Protection Regulation (‘GDPR’). I also give permission for you to contact other charities regarding my application for help or for possible additional funding for my application |

This form must be signed by you (or your Power of Attorney)

### Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_