RHA BENEVOLENT FUND

The RHA Benevolent Fund provides support to people who are employees of RHA members, have worked in the road haulage industry, and eligible dependants who are experiencing financial difficulty or need assistance.

This application form helps us understand your circumstances and the support you require. Please provide complete and accurate information and include any supporting documents requested, as this will help us assess your application and process it as quickly as possible.

All information provided will be treated in confidence and used only for the purposes of considering your application.

1. Applicant Details

Please provide the details of the person applying for support from the RHA Benevolent Fund. This should be the person whose circumstances and financial needs are being considered as part of this application.

Title	
Forename(s)	
Surname	
Year of Birth	
Email Address	
Telephone Number	
Address and Postcode	

2. Applicant and Dependant Status

Please complete this section if you are applying because you are, or were, a dependant of someone who has worked for an RHA member or in the road haulage industry.

Name of person you are/were dependent upon	
Your relationship to them	
Are you over the age of 16?	☐ Yes ☐ No

3. Qualifying Individual Employment Details

The qualifying individual may be you as the applicant or the person you are, or were, dependent upon. Please include proof of employment (such as a payslip or letter from the employer). Please note that we may contact the employer to validate the employment information provided in this application.

Most Recent Employer Details			RHA Member: ☐ Yes ☐ No
Employer Name			
Employer Address			
Type of Employment			
Position			
Date From		Date To	

Previous Employer Details *(if your current or most recent employer is not an RHA member, or your employment was less than 3 years)*			RHA Member: ☐ Yes ☐ No
Employer Name			
Employer Address			
Type of Employment			
Position			
Date From		Date To	

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4. Financial – Household Monthly Income

Please provide details of all income received at present by you and, where applicable, your spouse or partner. Please include all regular sources of income and benefits, using the amount received after any statutory deductions. Where income varies from month to month, please provide a reasonable monthly average.

Net Income per Month	Amount (£)
Current Employment Income – Applicant	
Current Employment Income – Spouse or Partner	
Occupational or Service Pension	
State Retirement Pension	
Other Pension	
State Benefits and Allowances (including Universal Credit, PIP, Attendance Allowance etc)	
Child Maintenance or Financial Support from an Ex-Partner	
Rental Income, Sub-letting Rent, Paying Guests, Family Rent	
Savings and Investments Income	
Other Regular Income	
Family Contributions	
Help from Other Sources (including Charities)	
Other please specify	
Total Monthly Income	

5. Financial – Household Monthly Expenditure

Please provide details of your average monthly household expenditure. Include all regular living costs, financial commitments and other essential expenses. Where costs vary from month to month, please provide a reasonable monthly average.

Expenditure per Month			Amount (£)
Rent / Mortgage Repayments			
Council Tax			
Utilities (Water, Gas, Electricity, Oil, Other Heating Fuels)			
Food	Please confirm for how many persons:		
Clothing	Please confirm for how many persons:		
Dependant Costs (including Childcare, Nursery, Education and Other Related Costs)			
Telephone, Mobile Phone, Internet/Broadband, TV, Video, Satellite, Cable, Streaming Services			
Hire Purchase or Lease Payments (see question 6)			
Medical, Prescriptions, Private Healthcare			
Motoring Costs and Travel (including Vehicle Fuel, Tax and Insurance)			
House Insurance, Life Insurance, and Other Insurance			
Critical Illness Cover	Please confirm if being claimed:	☐ Yes ☐ No	
Clubs, Social Expenses and Entertaining			
Other Debts and Outstanding Liabilities (see question 7)			
Any Other Expenses and Sundries			
Other please specify			
Total Monthly Expenditure			

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6. Hire Purchase and Lease Commitments

Please provide details of any items you are currently paying for under a hire purchase, lease or similar finance agreement, such as a car, laptop or television.

Item 1			
Item Description			
HP/Leasing Company			
Payments per Month	£		
Original Cost	£	Amount Outstanding	£
Item 2			
Item Description			
HP/Leasing Company			
Payments per Month	£		
Original Cost	£	Amount Outstanding	£
Item 3			
Item Description			
HP/Leasing Company			
Payments per Month	£		
Original Cost	£	Amount Outstanding	£

7. Other Debts

Please provide details of any personal debts or borrowing, such as loans or credit cards. Include the a description of the debt, the original amount borrowed, monthly repayment and outstanding balance. Please do not include business debts.

Debt 1			
Debt Description			
Payments per Month	£		
Original Debt	£	Amount Outstanding	£
Debt 2			
Debt Description			
Payments per Month	£		
Original Debt	£	Amount Outstanding	£
Debt 3			
Debt Description			
Payments per Month	£		
Original Debt	£	Amount Outstanding	£
Debt 4			
Debt Description			
Payments per Month	£		
Original Debt	£	Amount Outstanding	£

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8. Savings and Capital

Please complete the savings and capital section in full, providing details of all accounts, savings and investments held by you and, where applicable, your spouse or partner. *If an account is overdrawn, please show the balance as a negative amount and add "OD" next to the amount, for example £250 OD.*

To help us verify the information provided, please also provide copies of your bank and building society statements, dated within the last three months, for all accounts held. The information provided will be used only to verify the financial information provided in this application and to help us assess your current circumstances.

Details of all savings and capital	**Amount (£)**
Savings Account Balances	
Current Account Balances (including banks, building societies and post office accounts)	
Cash Held at Home	
Investments (including stocks, shares, bonds and any other investments)	
Other Capital (including assets owned outright excluding your main residence)	
Total	

9. Property

Please provide details of any property you own or have an interest in, including your main home and any other property such as rental property. Please include the approximate current value, any outstanding mortgage or secured borrowing, and the name of your mortgage provider.

Approximate value of your home(s)	£
Amount of Mortgage Outstanding	£
Name of Mortgage Provider	

10. Reason for Application

Please explain the reason for your application including details of your current circumstances, why support is needed, and any relevant dates or urgent factors. If you are currently off work, please also include details on how long you have been absent and the likely timeline for your return.

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11. Financial Assistance Requested

Please provide details of the assistance you are seeking, including what the money is required for and the costs involved. Please provide supporting evidence or quotations where available and tell us about any contribution you, your family or others are able to make towards these costs.

Type of Assistance Requested	☐ Financial Assistance* ☐ Goods/Services ☐ Advice/Referral ☐ Other please specify:
Details of Assistance Requested *(including any breakdown of costs)*	
Amount Requested (if applicable)	£
Contribution from You/Others	£

** The RHA Benevolent Fund may provide financial assistance towards essential costs, such as rent or mortgage payments. Assistance will usually be provided directly to the relevant supplier, landlord or service provider, rather than paid directly to the applicant.*

12. Steps Taken to Manage Your Financial Situation

Please tell us about any steps you have taken, or are currently taking, to manage your financial situation and reduce the impact of your current circumstances. Please tick all that apply.

- ☐ Agreed a payment plan or temporary arrangement with my mortgage provider or landlord.
- ☐ Agreed a payment plan or arrangement with utility providers (e.g. gas, electricity or water).
- ☐ Agreed a payment plan or reduced payments with other creditors or lenders.
- ☐ Sought advice from a debt advice service or financial support organisation.
- ☐ Applied for other financial assistance or support.
- ☐ Reduced or reviewed household expenditure to help manage costs.
- ☐ Taken other steps (please specify):

If applicable, please provide any further details about the arrangements or support you have in place:

- ☐ I have not yet taken any of the above steps.

13. Other Charity / Fund Applications

Please provide details of any other Charities or Funds that have been applied to and the support requested.

Charity / Fund Name	**Support Requested/Received**

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14. Previous Application

A second application will only be considered in very exceptional circumstances, following a significant and unforeseen change in circumstances.
Please provide details of any previous applications you have made to the RHA Benevolent Fund.

Have you previously applied to the RHA Benevolent Fund?	☐ Yes ☐ No
If Yes: Date of Application	
Previous Application Outcome	☐ Successful ☐ Unsuccessful
If Successful: Amount of Financial Assistance Received	£

15. Completed on Behalf of the Applicant

If you are completing this application on behalf of the applicant, please complete the details below. This may include a family member, carer, representative or another person assisting the applicant with their application.

Name of Person Completing the Form	
Relationship to Applicant	
Telephone Number	
Email Address	
Reason for Completing the Form	

Has the applicant had the opportunity to review the information provided?	☐ Yes	☐ No
Does the applicant consent to you providing information on their behalf?	☐ Yes	☐ No

16. Checklist

Before submitting your application, please use the checklist below to make sure you have completed all relevant sections and included the required supporting information.
Incomplete applications may be returned to you and could delay the assessment of your request.

Application Section	Completed	Supporting Documentation
1. Applicant Details	☐ Yes	
2. Applicant and Dependant Status	☐ Yes ☐ N/A	
3. Qualifying Individual Employment Details	☐ Yes	☐ Employment Record
4. Financial – Household Monthly Income	☐ Yes	
5. Financial – Household Monthly Expenditure	☐ Yes	
6. Hire Purchase and Lease Commitments	☐ Yes ☐ N/A	
7. Other Debts	☐ Yes ☐ N/A	
8. Savings and Capital	☐ Yes	☐ Bank Statements
9. Property	☐ Yes ☐ N/A	
10. Reason for Application	☐ Yes	
11. Financial Assistance Requested	☐ Yes	☐ Costs / Quotations
12. Steps Taken to Manage Your Financial Situation	☐ Yes	
13. Other Charity / Fund Applications	☐ Yes	
14. Previous Applications	☐ Yes ☐ N/A	
15. Completed on Behalf of the Applicant	☐ Yes ☐ N/A	

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17. Declaration

I declare that the information provided in this application is true, complete and accurate to the best of knowledge and belief. I have provided details of all relevant income, expenditure, savings, debts, property and other financial circumstances requested in the application.

I understand that the RHA Benevolent Fund may require supporting evidence to verify the information provided and may contact relevant organisations or individuals, including an employer, where necessary to confirm information relating to my application.

I understand that the information provided will be used to assess my application for financial assistance and that providing incomplete, inaccurate or misleading information may affect the outcome of my application and any assistance provided.

I will notify the RHA Benevolent Fund if there is a significant change in my financial or personal circumstances that may affect my application.

I confirm that I have read and understood the information provided in this application and agree to the RHA Benevolent Fund using my information for the purposes of assessing and administering my application.

Name	
Date	
Signature	

Please send completed the application form to: The Secretary to the Trustees, RHA Benevolent Fund, 2nd Floor Worldwide House, Thorpe Wood, Peterborough, PE3 6SB or email to benevolentfund@rha.uk.net

Our Data Protection statement, privacy policy and retention policy are available online www.rha.uk.net/about-us/rha-benevolent-fund

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For RHA Benevolent Fund Office Use Only

This section is for internal use and should be completed by the RHA Benevolent Fund team. Please record the application reference, eligibility checks, supporting evidence received, assessment, decision and payment details as appropriate.

Application Reference	
Date Application Received	
Applicant Eligibility Confirmed	☐ Yes ☐ No ☐ Further Information Required
Qualifying Individual Employment Confirmed	☐ Yes ☐ No ☐ Further Information Required
Supporting Evidence Received	☐ Proof of Employment / Industry Connection ☐ Bank / Building Society Statements ☐ Evidence of Costs / Quotations ☐ Other
Summary of Additional Information Received	
Application Reviewed By	
Decision	☐ Approved ☐ Partially Approved ☐ Declined ☐ Further Information Required
Decision Date	
Amount Approved	£
Payment Date	
Notes / Conditions of Award	