

Benevolent Fund

The Road Haulage Association Limited t/a RHA, Roadway House, Bretton Way, Bretton, Peterborough PE3 8DD.

Information given on this form is strictly confidential.

1. Name Mr/Mrs/Miss/Ms *please delete as appropriate* Surname _____

Forename(s) _____

Year of birth _____

Email address _____

Telephone number _____

2. Address _____

Post code _____

Previous address *(if within last three years)* _____

Post code _____

3. Dependants *(if you are a dependant, please state)* _____

Relationship _____

Are you over 16? Yes No

4. Employment with RHA member _____

You must provide at least one proof of employment from a past or present RHA member.

(a): Name and address of employer _____

Type of employment _____

Position _____

From _____

To _____

(b): Name and address of employer _____

Type of employment _____

Position _____

From _____

To _____

5. Financial Situation *failure to give full details might delay the application*

Income per week *from employment – after deduction of tax and NI*

| | | |
|--|---|---|
| Applicant | £ | p |
| Spouse or partner | £ | p |
| Occupational pension | £ | p |
| State retirement pension | £ | p |
| Mobility allowance | £ | p |
| Attendance allowance | £ | p |
| Widows pension / bereavement allowance | £ | p |
| Service pension | £ | p |
| Sickness benefit | £ | p |
| Jobseekers allowance | £ | p |
| Income support | £ | p |
| Family allowance | £ | p |
| Disability-related benefit | £ | p |
| Family contributions | £ | p |
| Sub-letting rent or paying guests | £ | p |
| Interest from investments | £ | p |
| Housing or council tax benefit | £ | p |
| Help from other sources | £ | p |
| Help from any other charity | £ | p |
| Total weekly income: | £ | p |

Expenditure per week

| | | |
|--|---|---|
| Rent | £ | p |
| Mortgage repayment | £ | p |
| Council tax | £ | p |
| Water rates | £ | p |
| Gas | £ | p |
| Electricity | £ | p |
| Other fuel | £ | p |
| Food <i>(for how many persons?)</i> | £ | p |
| Clothing <i>(for how many persons?)</i> | £ | p |
| Telephone, TV, video, satellite, cable | £ | p |
| HP payments <i>(see question 8)</i> | £ | p |
| Medical and prescriptions | £ | p |
| Social fund repayments | £ | p |
| Motoring costs and travel | £ | p |
| Life insurance and / or Critical illness cover | £ | p |
| Other insurance | £ | p |
| Clubs | £ | p |
| Debts and outstanding liabilities | £ | p |
| Any other expenses and sundries | £ | p |
| Total weekly expenditure: | £ | p |

6. Hire purchase commitments

(a) Article

Name of firm

Original cost

Amount per week

Amount outstanding

(b) Article

Name of firm

Original cost

Amount per week

Amount outstanding

(c) Article

Name of firm

Original cost

Amount per week

Amount outstanding

7. Other debts (excluding business debts)

(a) Details

Original amount of debt

Amount outstanding

(b) Details

Original amount of debt

Amount outstanding

(c) Details

Original amount of debt

Amount outstanding

8. Savings and capital

Savings and capital £

Bank and building society £

Post Office £

Investments £

9. Property

Property

Approximate current value £

Mortgage outstanding £

Name of Building Society, etc.

Roll number

The RHA Benevolent Fund will do its best to process this application within 30 days of receipt, assuming all required documentation has been included with the request for assistance.

To assist you in this, set out below is a checklist of information which we MUST receive before the application is considered.

Name and contact details

Year of birth

Dependant information

Employment history

Proof of employment with a past or present RHA member *such as payslip*

All Financial information sections complete

Property

Reason for application

Assistance required

Details of any previous RHA applications

Please note - depending on the nature of your claim we may require further information relating to:

Life insurance / Critical illness cover

Next of Kin information

Reference information

Declaration

To the best of my knowledge and belief I, the undersigned, declare that the particulars given above are a true and accurate statement of my current circumstances.

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

If you are filling in this application form on behalf of the applicant please tick here

Name _____ Signature _____

Date _____

If signing on behalf of the applicant, your:

Organisation name _____ Position _____

Email address _____

Telephone number _____

It is essential that all sections of this form are completed

Please send completed application form to:

The Secretary to the Trustees, RHA Benevolent Fund, Roadway House, Bretton Way, Bretton, Peterborough PE3 8DD

RHA Benevolent Fund, registered charity number 1082820