

Benevolent Fund

The Road Haulage Association Limited t/a RHA, 2nd Floor, Worldwide House,
Thorpe Wood, Peterborough PE3 6SB.

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

10. Reason for application *please give as much relevant information as possible. Also, please list any other charities or benevolent funds approached*

11. Details of assistance required

Assistance required

Estimated costs

Own contribution or contribution from family

12. Details of previous RHA Benevolent Fund applications

Claim no. *(if known)*

Date

Amount received

Reason for claim

Claim no. *(if known)*

Date

Amount received

Reason for claim

Please note that incomplete or wrongly completed forms will be rejected and sent back to you unprocessed

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, 2nd Floor Worldwide House,
Thorpe Wood, Peterborough, PE3 6SB

RHA Benevolent Fund, registered charity number 1082820