

## Benevolent Fund

Information given is strictly confidential.

Please note: we contact employers to validate employment information (only) given in the application.

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

Forename(s)

Year of birth

Email address

Telephone number

### 2. Address

Post code

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

Relationship

Are you over 16?    Yes        No

### 4. Employment with RHA member

*PLEASE INCLUDE PROOF OF EMPLOYMENT (payslip / letter from employer)*

(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 (current) PLEASE ENSURE YOU GIVE CORRECT INFORMATION

**Income per month** from employment – after deduction of tax & NI

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

### Expenditure per month

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

## 6. Hire purchase commitments (car, laptop, television etc.)

(a) Item	
Company	
Original cost	
Amount per month	
Amount outstanding	
(b) Item	
Company	
Original cost	
Amount per month	
Amount outstanding	
(c) Item	
Company	
Original cost	
Amount per month	
Amount outstanding	

## 7. Other debts (loans / credit cards etc.) Please note: this excludes business debts

(a) Name	
Original amount of debt	
Amount outstanding	
(b) Name	
Original amount of debt	
Amount outstanding	
(c) Name	
Original amount of debt	
Amount outstanding	

## 8. Savings and capital

Savings and capital	£
Bank and building society	£
Post Office	£
Investments	£

## 9. Property (if you own your own home)

Property	
Approximate current value	£
Mortgage outstanding	£
Name of Building Society, etc.	
Roll number	

*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.

**YOUR CHECKLIST - 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.*

*You will be contacted by Kelly Taylor (Charity Coordinator).*

**Declaration: THIS SECTION MUST BE COMPLETE BEFORE SUBMITTING**

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](http://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

Or email to [benevolentfund@rha.uk.net](mailto:benevolentfund@rha.uk.net)

RHA Benevolent Fund, registered charity number 1082820