



OFFICIAL USE ONLY

REF NO:

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## Benevolent Fund

The Road Haulage Association, 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

Postcode

Previous address (if within last three years)

Postcode

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 (for how many persons?)	£	p
Clothing (for how many persons?)	£	p
Telephone, TV, video, satellite, cable	£	p
HP payments (see question 8)	£	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

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(a) Article

Name of firm

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Original cost

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Amount per week

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Amount outstanding

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(b) Article

Name of firm

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Original cost

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Amount per week

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Amount outstanding

---

(c) Article

Name of firm

---

Original cost

---

Amount per week

---

Amount outstanding

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## 7. Other debts (excluding business debts)

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(a) Details

Original amount of debt

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Amount outstanding

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(b) Details

Original amount of debt

---

Amount outstanding

---

(c) Details

Original amount of debt

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Amount outstanding

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## 8. Savings and capital

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Savings and capital £

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Bank and building society £

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Post Office £

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Investments £

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## 9. Property

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Property £

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Approximate current value £

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Mortgage outstanding £

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Name of Building Society, etc. £

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Roll number £

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**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   | <input type="checkbox"/> |
| Year of birth  | <input type="checkbox"/> |
| Dependant information  | <input type="checkbox"/> |
| Employment history   | <input type="checkbox"/> |
| Proof of employment with a past or present RHA member (such as payslip | <input type="checkbox"/> |
| All Financial information sections complete                            | <input type="checkbox"/> |
| Property   | <input type="checkbox"/> |
| Reason for application   | <input type="checkbox"/> |
| Assistance required  | <input type="checkbox"/> |
| Details of any previous RHA applications                               | <input type="checkbox"/> |

**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](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, Roadway House, Bretton Way, Bretton, Peterborough PE3 8DD

RHA Benevolent Fund, registered charity number 1082820