



OFFICIAL USE ONLY

REF NO:

\_\_\_\_\_

## 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

(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	<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