

# APPLICATION FOR ASSISTANCE

(To be completed only by a representative of the Service organisation named below)

Case Number:

Reference Number:

1. Particulars of applicant				
Surname		NI number		
Address		Forenames		
		*Place of birth		
		Date of birth		
		*Religion		
Postcode		Single/married/divorced/widowed/partner		
Telephone		Date of marriage/partnership if applicable		
Length of time living at this address		Date of divorce/separation if applicable		
Type of accommodation (house, flat, etc)		Date spouse/partner died if applicable		
Owner-occupied/rented/leased		Relationship to person on Section 4		
Previous address if changed within last three years			<i>* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion</i>	

2. Particulars of spouse/partner				
Surname		NI number		
Address if different from applicant		Forenames		
		*Place of birth		
		Date of birth		
		*Religion		
		Telephone		
Reason for separate address if applicable				
<i>* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion</i>				

3. Particulars of sons and daughters (including adults) and dependants				
Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school/university

**IN CONFIDENCE WHEN COMPLETED**

FormA 2002c v2.52

<b>4. Particulars of person on whom eligibility is based</b>			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.serv./TA/reserve/other)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country/period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

<b>5. Particulars of spouse/partner if also served</b>			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.serv./TA/reserve/other)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country/period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

<b>6. Details of civilian employment</b>					
	Name of employer	Nature of employment	From date	To date	Type of business or trade union/trade association
A P P L I C A N T					
S P O U S E / P A R T N E R					



<b>8. Savings and capital</b>	
Applicant's and spouse/partner's total savings (including capital, investments, bank, building society, etc)	

<b>9. State benefits</b>			
Is the applicant in receipt of housing benefit (YES/NO)?		Is the applicant receiving council tax benefit (YES/NO)?	
Are enquiries being made about other benefits (YES/NO)?		If benefit enquiries are being made, enter details below.	

<b>10. Liabilities / debts</b> (secured loans, unsecured loans, HP, trading agreements, loans from family members, etc)					
Creditors	Purchase Date	Contract Amount	Weekly Inst'ment	Total Arrears	Outstanding
Totals					

<b>11. Previous assistance</b> (from all sources including RBL and SSAFA-FH)			
Date	Amount	Fund	Nature of Assistance

<b>12. Assistance required</b>		
Type of assistance	Estimated Cost	Contribution from client and family members

<b>13. Declaration</b>	
<ul style="list-style-type: none"> <li>* I declare that the information I have given in Sections 1-12 is, to the best of my knowledge, correct.</li> <li>* I understand that the information I have provided will be used to process this application for assistance.</li> <li>* I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.</li> <li>* I authorise to approach other agencies, including the Benefits Agency and other charities, on my behalf.</li> </ul>	
Signature of applicant:	Signature of spouse/partner:
Date of signature:	Date of signature:



<b>14. Other funds approached</b> (local, national, occupational etc with amounts requested/promised/received)					
	Fund Name	Amount		Fund Name	Amount
1			4		
2			5		
3			6		

**15. Caseworker's report and recommendations**

\* Caseworkers are reminded of their responsibilities regarding the Data Protection Act 1998.  
 \* A copy of 'Notes for Clients' or equivalent Fair Processing Notice should be left with the applicant.

**AMOUNT REQUIRED £**

Signature of Caseworker		Date	
		Name in block letters	
Title for correspondence		Office held	
Postal Address		Branch/Div/Service C'tee	
		Flagbook/Branch number	
		Telephone	
		Fax	
		eMail	
Cheques should be made payable to		(a/c name) and sent to:	