

Registered Charity 1113060

**Confidential**

**Application for assistance**

Full name .....	Mr/Mrs/Miss/Ms .....
Address .....	Date of birth .....
.....	Telephone .....
.....	Email .....
.....	
Postcode .....	Marital Status .....
Occupation .....	

Please give full particulars of the circumstances necessitating this application and describe the special need or particular hardship (using a covering letter if necessary):

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Please describe the use to which any grant made will be put:

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Persons dependant on you for financial support:

Name	Relationship	Age	Occupation	Do they live with you?
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.....	.....	.....	.....	.....
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Give names and addresses of two references (*not* relatives) one of which must be your doctor.

Doctor.....	Reference 2.....
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## 1 Capital

- 1.1 Do you own the house in which you live? YES/NO If yes, state the approximate value: £ .....
- Amount of mortgage outstanding £ .....
- Number of years remaining: .....
- 1.2 Approximate value of other property (buildings) or investments in stocks or shares: £ .....
- 1.3 Building Society or other savings accounts £ .....
- 1.4 Bank accounts £ .....

## 2 Monthly Income

- 2.1 Net earnings (total earnings less all deductions) £ .....
- 2.2 Pensions/annuities £ .....
- 2.3 Government retirement pension or other benefit £ .....
- 2.4 Government income support. £ .....
- 2.5 Income from purchased annuities £ .....
- 2.6 Payments from other charities £ .....
- 2.7 Interest on savings and/or share dividends received £ .....
- 2.8 Any other regular income (e.g. from family) £ .....
- 2.8 Any other income £ .....

## 3 Monthly expenditure

- 3.1 Rent Gross £ .....
- Rebate £ .....
- 3.2 Mortgage repayments £ .....
- 3.3 Council tax Gross £ .....
- Rebate £ .....
- 3.4 Water £ .....
- 3.5 Fuel, light and power (total paid last year divided by 12) £ .....
- 3.6 Insurance premiums (yearly premiums divide by 12) Household £ .....
- Life £ .....
- Motor £ .....
- 3.7 Telephone Land line £ .....
- Mobile £ .....
- 3.8 TV rental and/or licence £ .....
- 3.9 Home help charges and similar £ .....
- 3.10 Other *regular* expenditure (not food, clothing and normal household expenses) £ .....
- 3.11 Special in past year (example: medical treatment) £ .....

## 4 Total amount of outstanding debts

- 4.1 Banks loans £ .....
- 4.2 Hire Purchase £ .....
- 4.3 Credit cards £ .....

Please summarise how long, and in what way, you are involved in the VW Aircooled Scene and include: club(s) to which you belong, vehicles you own, events you have attended.

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**Data Protection.** The information on this form will only be disclosed to members of the committee of the Ben Bosworth Memorial Fund for the purposes of assessing your suitability to qualify for financial help from the Fund. In the event of you wanting a third party (friend, relative or professional advisor) to speak with us on your behalf about this application, please name the person/s here:

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**DECLARATION AND CONSENT.** I declare that the information on this form is true and correct. I authorise the representatives of the Ben Bosworth Memorial Fund to make enquiries about the applicant, as they so wish, to assess the integrity of this application.

Signature of applicant.