

STRICTLY CONFIDENTIAL



THE BENEVOLENT SOCIETY OF BLUES

APPLICATION FOR FINANCIAL ASSISTANCE

Please write clearly in **black ink** to assist photocopying; if there is insufficient space, please send a covering letter. **All information given on this form will be treated in strictest confidence.**

SECTION I – APPLICANT’S DETAILS

Applicant’s Title & Full Name (also Maiden / previous name)	Mr / Mrs / Ms / Miss
Present Address	
Permanent Address (if different)	
Telephone Number	Day: _____ Evening: _____ Mobile: _____
Email Address	
Date of Birth	
Dates at CH and House/Ward (or CH connection)	
Occupation	

SECTION II – ASSISTANCE REQUESTED

Reason for requesting assistance from the BSB	
Total amount requested and date required	£ _____ Date required _____ (show figure)
If a loan is made available, when will you start repayments?	

I understand that information about me in Section I only, and subsequent changes to it, may be shared with other parts of Christ’s Hospital (e.g. the CH Club, the CH Partnership office).

I understand that other personal information about me may be made known to Directors, Officers, Committee members and employees of The Benevolent Society of Blues, and that such persons will treat it in strict confidence.

I apply for assistance from The Benevolent Society of Blues on this basis. All statements I have made on this application are true. I undertake to inform the BSB of any changes in my circumstances that might affect any decision to grant me assistance.

Signed: _____ Date: _____



SECTION III – ASSETS and DEBTS

ASSETS:

If YES, please state estimated current value and attach copy of latest statement.

House owner	YES / NO	Value £
Shares / ISAs / PEPs	YES / NO	Value £
Banks / Building Societies	YES / NO	Value £
Other Investments (Unit Trusts etc)	YES / NO	Value £
Other assets (including second home) Please itemise	YES / NO i) ii) iii)	Value £

DEBTS:

Please attach copy of latest statement.

Student Loan	£
Banks	£
Outstanding Mortgage	£
BSB Loan	£
Credit Cards Please itemise and give amounts	i) £ ii) £ iii) £
Any Other Please itemise and give amounts	i) £ ii) £ iii) £

SECTION IV - DEPENDANTS:

Please give details of any persons dependent on you	Name	Age	Relationship



SECTION V – EXPENSES

	EXPENSES £ per month
Rent / Residential fees	£
Mortgage Repayments	£
Council Tax	£
Gas / Oil / Solid Fuel	£
Electricity	£
Telephone (including mobile)	£
Water Charges	£
T V Licence	£
Car Tax	£
Food / Household goods	£
Clothing / Laundry	£
Travel to work / college / university	£
Insurance Premiums – please itemise	
i)	£
ii)	£
iii)	£
Loan Repayments – please itemise	
i)	£
ii)	£
iii)	£
Any other expenses - please itemise	
i)	£
ii)	£
iii)	£

TOTAL EXPENSES (per month)

£ _____



SECTION VI – INCOME

	INCOME £ per month (average) Self	INCOME £ per month (average) Spouse / Partner
Income from work (net after tax, National Insurance and pension contributions)	£	£
Income from Pensions (net after tax)		
State retirement pension	£	£
Other retirement pension	£	£
Other pensions (eg widow's pension – please state)	£	£
Income from investments	£	£
Income from Court Orders (eg maintenance etc – please state)	£	£
Income or grants from all other sources (eg charities, trusts etc – please state)	£	£
Benefits (eg housing, disability allowance etc – please state)	£	£
Dependants' Income Please state the income received by your dependants from any of the above sources, from grants and/or trusts or whether they hold assets	£	£

TOTAL INCOME for self and spouse / partner (per month) £ _____

Have you applied to any other source for assistance? YES/NO If YES, please give details.

Notes: If you wish to give more details or there is insufficient space on the form, please send a covering letter.

Please send a copy of your latest bank and/or credit card statements and/or any other loan documents.

Please complete this form and return it to:

The Secretary, The Benevolent Society of Blues,
The Counting House, Christ's Hospital, Horsham, West Sussex RH13 0YP.

Telephone: 01403 247418

Fax: 01403 211580

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