

# Fund Application Form

[Info@nccbf.org.uk](mailto:Info@nccbf.org.uk)

**Private and confidential**

Please check eligibility for support before completing this form.

Who is requesting support?

- Individual – you meet our eligibility criteria.
- Third Party / Referring agency – could be employer, charity,

## 1. Please tell us about yourself and your family

Title: Mr /Mrs/ Miss/ Other \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Please state if you are:

Single  Married  Civil Partnerships  Co-habiting  Separated  Divorced  Widowed

## 2. Who shares your home with you?

I live alone  Spouse  Partner  Children  Other

Please provide details of children and those who share your home with you:

Number of children under 16

Ages of the children

Relationship to you

Number of people over 16 living with you

Ages of those living with you

Relationship to you

Please tell us if they are: Employed  Unemployed

Are you or anyone in the household registered disabled? Yes  If YES, please tell us who \_\_\_\_\_

### 3. Please tell us about your employment history

Please tell us about you qualifying employment within the caravan industry.

Are you: employed  unemployed  retired

Name of current employer \_\_\_\_\_

Address \_\_\_\_\_

Type of business \_\_\_\_\_

Job Role \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Name of any previous industry related employers \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Job Role \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

**Please provide proof of employment: payslips, p45 or contract letter.**

### 4. Property details

Do you own a property? Yes  No

Do you live in rented accommodation? Yes  No

Is it: Council Owned  Housing Association  Part Owned  Tenant  Other \_\_\_\_\_

### 5. Are you in debt with any of the following?

	Arrears	Weekly payment / offer
Rent		
Mortgage		
Other secured loans		
Council Tax		
Gas		
Electricity		
Telephone		
Court Fines		
HP Agreements		
Catalogues		
Store / credit cards		
Loans		
Other		

Please state any other arrears that you may have:

6. Please tell us about your financial situation – include all household income

Income	Monthly Figures	Outgoings	Monthly Figures
<b>Wages salary</b>		<b>Housing Costs</b>	
Your take home pay		Rent	
Partner take home pay		Mortgage	
<b>Benefits / Tax Credits</b>		Secured Loans/2 <sup>nd</sup> mortgage	
Housing benefit		Council Tax	
Council tax support		Life insurance	
Support for mortgage interest		Building / contents insurance	
Universal Credit		Other – please specify	
Jobseeker's allowance		<b>Utilities</b>	
Income support		Water	
Child benefit		Gas	
Child tax credit		Electricity	
Working tax credit		Other fuel	
Maternity pay / allowance		<b>Food and housekeeping</b>	
Bereavement benefits		Food	
Statutory sick pay		Clothing	
Incapacity benefit		Other household items	
Employment and support allowance		<b>Children</b>	
Carer's allowance		Child care	
Disability living allowance (care)		School meals	
Disability living allowance (mobility)		Child maintenance	
PIP (daily living)		<b>Travel</b>	
PIP (mobility)		Car costs (inc petrol)	
Severe disability allowance		Fares – bus, train	
Attendance allowance		Mobility car	
Pensions		<b>Health</b>	
<b>Retirement Pensions</b>		Care costs / special needs	
Partners' pension		<b>Other</b>	
Occupational pension		TV Licence	
Private pension		Sky / cable / internet	
Pension credit		Appliance rental	
Other – please specify		Telephone / mobile	
<b>Other Income</b>		Loans, credit / store cards, catalogues	
Maintenance		HP Payments	
Student grant loan		Launderette	
Income from lodgers / property		Other – please specify	
Contribution from children			
Contribution from other adult living at property			
Other – please specify			
<b>Total monthly income</b>		<b>Total monthly outgoings</b>	
<b>Total in savings</b>			

## 7. Reason for Application

Please state the assistance and amount that you require, why you need assistance and how this will make a difference to your life.

Please include:

- Quotes for work or items required.
- Documents such as bills, reminders or medical notes as evidence for assistance
- All documents must clearly show name and address details
- Notice of benefit entitlements must be less than one year old
- Please provide 3 consecutive months of payslips
- Bank statements can be provided if you cannot find other forms of proof of income

Please note: We will not normally give direct cash payments or pay for items or services that have already been paid for.

## 8. Additional information

Where did you hear about The NCC Benevolent Fund?

Have you made an application to The NCC Benevolent Fund in the past? If so, please state when.

## 9. Your personal information

The NCC Benevolent Fund collects sensitive personal information to assess and supply financial assistance. We may disclose personal information to third parties who work on our behalf to assess claims, disclosure is subject to procedures to ensure the identity and legitimacy of such third parties. We will never disclose your information for any other purpose than processing your application.

By signing below, you are giving consent for The NCC Benevolent Fund to share and store your information in regard to your application.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Please scan and send to [info@nccbf.org.uk](mailto:info@nccbf.org.uk) or send to:

The NCC Benevolent Fund, Catherine House, Victoria Road, Aldershot, Hampshire, GU11 1SS