****

**HARWELL, CHILTON & CULHAM WELFARE FUND**

**APPLICATION FOR FINANCIAL ASSISTANCE**

**Please complete this form as fully as possible, continuing on a separate sheet of paper where necessary**

|  |  |
| --- | --- |
| Have you applied to the Fund for financial assistance before?  |  |
| If YES, please give date of previous application |  |

***Your Personal Details:***

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |

|  |  |
| --- | --- |
| Forenames |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Marital Status |  | Date of Birth |  |  |  |

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
|  |  |
| Telephone No |  |
| Email |  |

***Details of Qualifying Employment:***

|  |  |
| --- | --- |
| Name (if different to Applicant above) and Relationship to Applicant |  |

|  |  |
| --- | --- |
| Employing Organisation and Location |  |

|  |  |  |
| --- | --- | --- |
| Dates From/To |  |  |

***DECLARATION***

***I declare that all questions in this form have been answered fully and truthfully to the best of my knowledge***

***Signature of Applicant Date***

|  |  |
| --- | --- |
|  |  |

***Please give an explanation here of your circumstances leading to this application for financial assistance***

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***Details of Dependants in your Household:***

|  |  |
| --- | --- |
| **Relationship to Applicant** | **Year of Birth** |
|  |  |
|  |  |
|  |  |
|  |  |

***Details of Your Savings:***

|  |  |
| --- | --- |
| **£** | **Where invested** |
|  |  |
|  |  |
|  |  |
|  |  |

***Details of your regular Household Income:***

*Please give monthly amounts (net salary/pension where appropriate) and indicate whether this is your personal income or whether it relates to another member of your household.*

|  |  |
| --- | --- |
| **Description** | **£** |
|  |  |
|  |  |
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***Details of your regular Household Expenditure:***

*Please give monthly amounts.*

|  |  |
| --- | --- |
|  | **£** |
| Mortgage/Rent (delete as appropriate) |  |
| Council Tax |  |
| Water |  |
| Gas/Electricity |  |
| Other regular commitments, excluding loan repayments (please specify) |  |
|  |  |

***Details of Loan & Credit Payments:***

*Please give monthly repayments due and balance outstanding (if known).*

|  |  |  |
| --- | --- | --- |
| **Description** | **Repayment £** | **Balance £** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Any other sources of financial assistance:***

|  |  |
| --- | --- |
| Are you eligible for assistance from any other organisation?(e.g. any other Benevolent Fund, SSAFA, Royal British Legion, etc) |  |
| If YES, please state organisation. If an application has been made, please give result if known, or date application to be considered. |
|  |
|  |
|  |

**SUBMITTING THIS FORM**

**Please return this form**

**EITHER by e-mail to** **enquiries@hccwf.org.uk**

**OR by post to HCCWF, c/o 12 Charter Road, Newbury, RG14 7EN**

**USING YOUR PERSONAL INFORMATION**

**The Harwell, Chilton & Culham Welfare Fund will use the information you have provided ONLY for the purpose of considering your application for financial assistance.**

**Your personal details will NOT be passed to any other party, except with your explicit permission in connection with this application.**