Hardship Fund Application Form

PLEASE CONTACT THE DASBF MEMBERSHIP AND WELFARE OFFICER BEFORE SUBMITTING THIS FORM OR COMPLETING THE FINANCIAL STATEMENT.

Please answer **ALL** questions, so that the Executive Committee can give full consideration to your application. Should you require any further assistance with this form please contact the Membership and Welfare officer Donna Bamford 07807 051611

On completion of this application please forward to: Donna Bamford, Welfare Officer, Moorview, Launceston Road, Tavistock, Devon, PL19 8NG for processing.

IF YOU ARE UNABLE TO PROVIDE A FINANCIAL STATEMENT PLEASE EXPLAIN WHY.

Do not complete shaded areas or write on the back of this form.

Application Number:	
Name:	Home (Private) Address: Post Code:
Pay No:	E-mail Address:
Telephone Numbers: Daytime:	Evening: Mobile:
Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Partner ☐	

Please describe in the boxes below the details of your claim and any additional information. These sections must be completed before the Executive Committee can consider your application. Additional paper may be used if required. Please attach supporting evidence where possible.

AMOUNT OF LOAN/GRANT REQUESTED:

PURPOSE OF LOAN/GRANT:

In the event of funds being awarded:
CHEQUE MADE PAYABLE TO:

DECLARATION BY APPLICANT

Data protection and declaration of accuracy

- I confirm that you may hold these details in a retrieval system for your own use and that you may not disclose the information to any third party without my authority.
- I declare that the particulars shown in this application form and any 'Financial Statement' are accurate and give a true account of my financial position.
- I acknowledge that legal action may be taken against me if I make a false or misleading application or fail to repay a Hardship Loan when asked to do so.
- I undertake to repay a Hardship Loan on demand.
- I consent to my employer taking deductions from my salary at the request of the DASBF to repay any Hardship Loan(s) that are outstanding. The amount deducted from my salary shall be paid to the DASBF and shall be either as previously agreed between me and the DASBF or, in the event of no fixed sum being agreed, the deductions shall be equivalent to 5% of my net monthly (take home) salary (with the final payment being adjusted downwards if necessary) until the sum is repaid in full.

Signed …… Date……

PRINT NAME: ……..

FINANCIAL STATEMENT TO SUPPORT THE APPLICATION OF

(Name).....

Children (Please give the following information)					
Name	**Age**	**Single**	**Married**	**At Home**	**Working**
		□	□	Yes □ No □	*Yes □ No □
		□	□	Yes □ No □	*Yes □ No □
		□	□	Yes □ No □	*Yes □ No □
		□	□	Yes □ No □	*Yes □ No □
		□	□	Yes □ No □	Yes □ No □
*If children are working please give details of financial contribution below in 'Statement of Income & Expenditure'					

Dependent relatives Are there relatives other than spouse or children dependent upon you for support? If **yes**, please give the following information.					Yes □ No □
Name	**Age**	**Relationship**	**Reason for dependency**	**Income if any**	**Living at your address**
				£	Yes □ No □
				£	Yes □ No □

STATEMENT OF CAPITAL

Please give details of accounts held in, either your name, your spouse / partner, or jointly.

Name of Account Holder	**Company**	**Type of Account** (Deposit/ current/building society/ savings etc)	**Balance**
			£
			£
			£

STATEMENT OF DEBTS

Please give full particulars of any debts outstanding, e.g. loans, arrears of bills (gas, electricity) etc. Only include credit cards if balance not cleared monthly.

Name of Creditor	**Purpose of Loan/ Credit**	**Date (if Loan)**	**Original Amount (if Loan)**	**Amount outstanding**	**Monthly Repayments**
					£
					£
					£
					£

TOTAL OF DEBTS Include this amount under 'Expenditure' (below). Utility bills and/ or demands for payment in respect of all debts should be forwarded with the application.	**£**

FINANCIAL STATEMENT TO SUPPORT THE APPLICATION (continued)

STATEMENT OF INCOME AND EXPENDITURE
This statement must show ALL household income and expenditure on a **monthly** basis.

INCOME **Monthly**		**EXPENDITURE** **Monthly**	
Your Salary	£	Rent / Mortgage	£
Spouse's / Partner's salary	£	Council Tax	£
Income from children and/or relatives	£	Water/Sewerage Rates	£
State Pension	£	Gas	£
Occupational Pension(s)	£	Electricity	£
Pension credit	£	Telephone	£
Income Support	£	TV Charges	£
Housing Benefit	£	House / Contents Insurance	£
Other Allowances (specify) i.e. Child/Attendance etc.	£	Life Insurance	£
Family Tax Credits	£	Car Tax / Insurance	£
Sickness/Accident Benefit	£	Clothes	£
Income from:		Food	£
- Investments	£	Petrol / Fares	£
- Savings accounts	£	Personal Spending	£
- Other (specify)	£	Debt Repayments (from 'Statement of Debts')	£
		Other (specify)	£
TOTAL	**£**	**TOTAL**	**£**
		EXCESS/SHORTFALL	**£**

PROPERTY DETAILS (tick appropriate box) **Rented** ❒	**Owner/Mortgage** ❒
Estimated market value as at (give date):	£

Amount originally borrowed:	£
Amount owing at date of application:	£

Signed …… **Date ……**

Action Fund Panel

(Official use only)

Details and Outcome:

Meeting Location: ……

Committee Members Present: ……..

……

Cheque made payable to: ……......

Authorising Signature: ……..… Date: ……
(Executive member only)