

## IN CONFIDENCE WHEN COMPLETED

FormA 2002c V3.0

### APPLICATION FOR ASSISTANCE

*(To be completed only by a representative of the Service organisation named below)*

#### Officers' Association

Registered Charity Number 201321

Case Number:

Reference Number:

<b>1. Particulars of applicant</b>			
Surname		NI Number	
Address		Forenames	
		Date of birth	
		*Place of birth	
		*Religion	
Postcode		Marital Status	
Telephone		Date of marriage / partnership if applicable	
Length of time living at this address		Date of divorce / separation if applicable	
Type of accommodation (house,flat,etc)		Date spouse/partner died if applicable	
Owner-occupied/rented/leased		Relationship to person in Section 4	
Previous address if changed within last three years			

<b>2. Particulars of spouse(s)/partner(s)</b>			
Surname		NI Number	
Address  if different from applicant		Forenames	
		Date of birth	
		*Place of birth	
		*Religion	
		Telephone	
Reason for separate address if applicable			
* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion			

<b>3. Particulars of sons and daughters (including adults) and dependants</b>				
Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school university



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<b>5. Particulars of spouse/partner if also served</b>			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/reg'lar/nat.svc/TA/r'srv/oth'r)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country / period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.			

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<b>6. Details of civilian employment</b> (Even if currently retired or unemployed: this will help with almonisation)				
Name of employer	Nature of employment	From date	To date	Type of business or trade union/trade association
<b>Applicant:</b>				
<b>Spouse/Partner:</b>				

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<b>7. Weekly income and expenditure of household</b>					
<b>Weekly Income</b>	<b>£</b>	<b>Weekly Expenditure</b>	<b>£</b>	<b>Arrears</b>	<b>Office use only</b>
<b>Earnings</b>		Mortgage			
Wages / Salary (Applicant)		Second Mortgage			
Wages / Salary (Spouse/Partner)		Rent (less housing benefit)			
Maintenance / CSA Receipts		Council tax (less council tax benefit)			
Sub-letting, boarders etc		Gas			
		Electricity			
		Magistrates court fines			
<b>Pensions - applicant</b>		Maintenance / CSA payments			
Service Retirement Pension		Water / sewage			
Service Invalidation Pension	%	Telephone			
Occupational Pension		TV / video / satellite / cable			
State Retirement Pension		Ground rent / service charges			
War Disablement Pension	%	Building / contents insurance			
State Widows Pension / Bereavement Allo		Other housing costs			
War Widow's Pension / AAFP Pension		Mortgage endowment policy			
		Life insurance			
		Other insurance(s)			
<b>Pensions - spouse/partner</b>		Other fuel			
Service Retirement Pension		Pensions contributions			
Service Invalidation Pension	%	Housekeeping			
Occupational Pension		Car costs			
State Retirement Pension		Travel costs			
War Disablement Pension	%	Meals at school / work			
State Widows Pension / Bereavement Allo		Clothing			
War Widow's Pension / AAFP Pension		Prescription / health costs			
		Carer / childcare costs			
		Liabilities / debts (from Section 10)			
<b>State Benefits</b>		Other expenditure			
JSA / Income Support (applicant)					
JSA / Income Support (spouse/partner)					
Disability-related Benefits					
Family / Child Benefit					
Other benefits					
<b>All other income</b>					
Dividends					
Family contributions					
Interest					
Rental income					
<b>Total Income</b>		<b>Total Expenditure</b>			

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<b>8. Savings and capital</b>	<b>£</b>
Applicant's and spouse/partner's total savings (including capital, investments, bank, building society, etc)	

<b>9. State benefits</b>			
Is the applicant in receipt of housing benefit (YES/NO)?		Is the applicant receiving council tax benefit (YES/NO)?	
Are enquiries being made about other benefits (YES/NO)?		If benefit enquiries are being made, enter details below.	

<b>10. Liabilities / debts</b> (include secured loans, unsecured loads, HP, Trading agreements, loans from family members)					
Creditors	Purchase Date	Contract Amount	Weekly Inst'ment	Total Arrears	Outstanding
<b>Totals</b>					

<b>11. Previous assistance</b> (from all sources including TRBL and SSAFA-FH)			
Date	Amount	Assistance Provider	Nature of Assistance

<b>12. Assistance required</b>		
Type of assistance	Estimated Cost	Contribution from client and family members

<b>13. Declaration</b>	
<ul style="list-style-type: none"> <li>* I declare that the information I have given in Sections 1 – 12 is, to the best of my knowledge, correct.</li> <li>* I understand that the information I have provided will be used to process this application for assistance.</li> <li>* I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.</li> <li>* I authorise Officers' Association to approach other agencies, including the Benefits Agency and other charities, on my behalf.</li> </ul>	
Signature of applicant:	Date of signature:
Signature of applicant's spouse / partner:	Date of signature:

<b>14. Other assistance providers approached</b> (local, national, occupational etc with amounts requested /promised/received)					
	Assistance Provider Name	Amount		Assistance Provider Name	Amount
1			4		
2			5		
3			6		

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### 15. Caseworker's report and recommendations

\* Caseworkers are reminded of their responsibilities regarding the Data Protection Act 1998.  
 \* A copy of 'Notes for Clients' or equivalent Fair Processing Notice should be left with the applicant.

<b>AMOUNT REQUIRED</b> £
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Signature of Caseworker		Date	
Name in block letters		Office held	
Title for correspondence			
Postal Address		Office Name	
		Office Reference	
		Telephone	
		Fax	
		eMail	

Payment Instructions: