



**3. SERVICE DETAILS ON WHOM ELIGIBILITY IS BASED**

Rank.....Personal Number (if known).....

Service(delete as applicable)RN / RM / RNR / RNVR / RMR / ARMY / TA / RAF / RAFVR

REGIMENT(Army only).....

Dates of any Non Commissioned Service.....

Date of Commission(if known).....

Decorations(if known).....

Date of Final Release and rank on retirement.....

If you are a widow please give Date of Officer's Birth.....Date of Officer's Death.....

Officer's Forenames.....

**WIDOWS ARE REQUESTED TO ENCLOSE PROOF OF OFFICER HAVING HELD COMMISSIONED RANK TOGETHER WITH A COPY OF THEIR MARRIAGE CERTIFICATE**

**4. DETAILS OF CIVILIAN EMPLOYMENT**

Many professional bodies administer charitable trusts for members and former members. In order that we may approach them on your behalf please complete the following:

a. If ex-Officer give complete details of **ALL** civilian employment:

.....  
.....  
.....

b. If a widow give late husband's details at a. and any civilian employment you may have had:

.....  
.....  
.....

c. Did you/he belong to any professional body, Society or Trade Union?.  
(if a Freemason please give lodge details)

.....

**5. DO YOU / DID YOU OWN YOUR OWN HOME?**

(If yes, give details including capital balance after any mortgage or loans have been redeemed)

YES/NO                      Value: £.....

**6. OTHER CHARITIES**

(If you are receiving help from, or have approached any other charities such as RUKBA, Elizabeth FinnTrust etc., please give details, including the outcome of any applications and amounts received or agreed.)

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7. **APPLICANT'S STATE OF HEALTH** necessitating Residential / Nursing Home Care.

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8. **ANY ADDITIONAL RELEVANT INFORMATION**

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.....

9. **WHO IS RESPONSIBLE FOR THE APPLICANT'S AFFAIRS or HOLDING ENDURING POWER OF ATTORNEY(EPOA)**

NAME.....

ADDRESS .....

.....Post Code.....

TELEPHONE NO.....

RELATIONSHIP TO APPLICANT .....

**IF YOU ARE HOLDING POWER OF ATTORNEY PLEASE SUPPLY COPY OF DOCUMENT.**

**DECLARATION**

I hereby declare that the questions contained on this form are fully and truthfully answered to the best of my ability, and that the financial details are correct. I consent to the Officers' Association processing my personal data contained herein (including any sensitive personal data concerning my health or other matters of that nature) for the purposes of progressing and determining my application for assistance and keeping appropriate records of the same. I authorise the Officers' Association to approach the DWP, Job Centre Plus, my Bank or Accountants regarding my financial position. I authorise the Officers' Association to approach other charities and share information on my behalf, and if required.

Date ..... Signature .....

## Financial Statement

Please give details of income and expenditure of person requiring assistance.

| <b>WEEKLY INCOME (net)</b>             | <b>per week</b> | <b>CAPITAL/SAVINGS</b>      |
|--|-----------------|-----------------------------|
| Service Retired Pay                    | £.....pw        | Free £.....                 |
| War Disablement Pension                | £.....pw        | In Trust £.....             |
| Service Widow's Pension                | £.....pw        | Shares/Bonds etc £.....     |
| State Retirement Pension               | £.....pw        | Current A/c Balances £..... |
| Occupational Pension(s)                | £.....pw        |                             |
| “ “                                    | £.....pw        |                             |
| “ “                                    | £.....pw        |                             |
| Guarantee Credit                       | £.....pw        |                             |
| Savings Credit                         | £.....pw        |                             |
| DLA(Mobility Component)                | £.....pw        |                             |
| Annuities                              | £.....pw        |                             |
| Trust Fund Income                      | £.....pw        |                             |
| Investment income                      | £.....pw        |                             |
| Any Other Income                       | £..... pw       |                             |
| <b>SUB TOTAL</b>                       | <b>£.....pw</b> |                             |
| <b>Deduct Personal Expenses</b>        | <b>£.....pw</b> |                             |
| <b>Deduct Savings Credit Disregard</b> | <b>£.....pw</b> |                             |
| <b>Sub Total</b>                       | <b>£.....pw</b> |                             |
| <b>Add LA Contribution</b>             | <b>£.....pw</b> |                             |
| <b>Add Family Contribution</b>         | <b>£.....pw</b> |                             |
| <b>Grand Total</b>                     | <b>£.....pw</b> |                             |

  

| <b><u>CARE HOME FEES</u></b> |          |
|------------------------------|----------|
|                              | £.....pw |

  

| <b><u>OA USE ONLY</u></b>   |                 |
|-----------------------------|-----------------|
| <b>a. Income</b>            | <b>£.....pw</b> |
| <b>b. LA Contribution</b>   | <b>£.....pw</b> |
| <b>c. PCT Nursing</b>       | <b>£.....pw</b> |
| <b>d. Total</b>             | <b>£.....pw</b> |
| <b>e. Care Fees</b>         | <b>£.....pw</b> |
| <b>Shortfall is d – e =</b> | <b>£.....pw</b> |

2. If you are already living in a home / or have decided on one, when did / do you enter? Date.....  
 3. Our payments will be made to the Care Home on a calendar monthly basis unless alternative arrangements are agreed. Please provide the care Home bank details below:  
 Home's Bankers.....Address.....

A/c No: ...../...../...../...../ Sort Code No: ...../...../...../...../ Title of Account: .....

**Please enclose a copy of the Local Authority's Finance Department schedule / contract, detailing the agreed payment of fees to the home.**