

Application form for The Chartered Certified Accountants' Benevolent Fund (the Benevolent Fund) assistance



Name _____

Address _____

Postcode _____

Tel _____ Date of birth _____

E-mail address _____

Marital status _____ Present occupation _____

Name of member or former member _____

Membership no Membership period: From _____ To _____

Relationship to member or former member _____

“Supporting members and their families in times of hardship or disaster.”

Nature of assistance requested (X) Grant Loan Any other form (detail) _____

Please give details of how much you require and give brief description of what grant/loan would be used towards _____

Have you made a previous application for assistance from this Benevolent Fund? If so, give full particulars _____

Present state of health of the applicant _____

Present state of health of spouse/partner and dependants _____

ESTIMATED EXPENDITURE (for the next 12 months)

	Applicant's current details		Spouse/partner's current details	
	£ sterling	Local currency	£ sterling	Local currency
Regular payments				
Household bills etc				
Mortgage repayments				
Rent				
Insurance				
Service charge				
Rates or local taxes				
Rates or local taxes rebate (if any)				
Water rates (if separate)				
Heating and lighting				
Television licence				
Rented household appliances				
Telephone				
Household food bill				
General				
Regular medical supplies				
Clothing				
Paper and periodicals				
Life assurance/pension				
Car payments (including tax, insurance, petrol)				
Hire purchase (give details)				
Loan repayments (give details)				
Credit/store card payments				
Travel expenses, eg regular visits to hospital, shopping etc (give details)				
Any other regular expenses (give details)				
One-off payments				
Holidays				
Repairs				
General large purchases (TV, computer, etc)				
Any other one-off expenses (give details)				
Total				

ESTIMATED INCOME OF WHOLE HOUSEHOLD (for the next 12 months)

	Applicant's current details		Spouse/partner's current details	
	£ sterling	Local currency	£ sterling	Local currency
Regular income				
Employed person's earnings				
Self employed person's earnings				
State pension				
Occupational pension				
Supplementary pension				
Income from property (after expenses)				
Income from lodgers/boarders				
Regular payments from relatives				
Dividends/interest from investments or savings				
Unemployment benefit				
Sickness benefit				
Child benefit				
Housing benefit				
Attendance allowance				
Mobility allowance				
Other state benefits (give details)				
Other charities' grants (give details)				
Any other source of income (give details)				
One-off income				
Please give details of any one-off grants, gifts, etc				
Total				
Assets/liabilities				
Value of any property				
Value of stocks and shares owned				
Balance in all bank, savings, building society accounts etc				
Other assets (give details)				
Amount of mortgage and term outstanding (give details)				
Amount of outstanding loans				
Amount of outstanding credit cards				
Amount of outstanding hire purchase				
Other liabilities and/or debts (give details)				
Total				

Have you applied for or received assistance from any other society or person? If so, state particulars

If applicable, have you sought advice from a debt counsellor?

If applicable, have you taken advice from the Department of Work and Pensions and claimed all state benefits that you are entitled to?

Give the name, full address and telephone number of next of kin

Give the name, full address and telephone number of a person that may be contacted in an emergency

Give the name, address and telephone number of a chartered certified accountant, barrister, solicitor, doctor, clergyman, or other persons, to whom reference can be made. Two names should be given and the persons referred to should be fully acquainted with your present circumstances. These persons may be contacted, prior to the board meeting, for a character reference.

i Name

Address

Occupation

Relationship to applicant

ii Name

Address

Occupation

Relationship to applicant

Please provide any other information you consider helpful in support of your application.

Please provide details of the following, if applicable:

Enclosed

- Benefits entitlements
- Pension currently received
- Pensions to be received
- Any health/life insurance policy
- Copies of bills/quotes of a specific item

DECLARATION

I declare that the foregoing statements made by me are correct to the best of my knowledge and I undertake to inform the Chartered Certified Accountants' Benevolent Fund immediately of any changes in my circumstances. I authorise The Benevolent Fund and anyone properly instructed on its behalf to make any enquiries deemed necessary by it in support of my application. I consent to the disclosure of any information provided by me to other charities and/or parties who may be contacted in the course of such enquiries. I understand that this process may include enquiries of, and disclosure of, information to any relevant medical expert or doctor, my general practitioner, any referee indicated on this form and any individual or body that can verify the financial information provided by me in this form. I consent to this.

I understand that this information will be retained and processed for the purposes of this and any future applications made to The Benevolent Fund and any related ACCA membership issues. I consent to this.

Signature of applicant

Date

Did the applicant complete the form Yes No

If the answer is No, please insert name, address and telephone number, including relationship to applicant, below

Registered with the Charity Commission 222595, registered with OSCR SC039877

The Chartered Certified Accountants' Benevolent Fund

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