

PRIVATE AND CONFIDENTIAL WHEN COMPLETED

THE AIR PILOTS	BENEVOL	ENT FUND
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Registered Charity 212952

APPLICATION FOR FINANCIAL ASSISTANCE - FORM A

(To be completed by Helper/Representative except at Paragraph 12)

(All sections must be completed. Use N/A or Nil where appropriate. * Delete as appropriate)

1. PARTICULARS OF APPLIC	CANT:							
Full name:			Nat.Ins	No.				
Marital Status: Single/Married/Widowed/Separated/Divorced*			Date of Birth	:	/	/		
Full Home Address:								
				I	ost Coc	le:		
Type of accommodation: (House,	flat, furnished roc	oms etc		Tel I	√o:			
Tenure: (Owner occupier, Counci	l, Private tenancy	etc)						
Previous address and tenure if rece	ently changed:							
		Relation	ship to person at	para 2	2			
2. PARTICULARS OF PERSO	N ON WHOM E	LIGIBILITY IS BASEI	D (If insufficient s	pace c	ontinue	on separa	te shee	et)
Full name:			Nat.Ins	No.				
Date of Birth:// Liveryman* FLYING EMPLOYMENT (If civil							n/	
Employer	Rank	Service number (If applicable)	From (date)	То	(date)		ceivin ion? Y	0
						_		
If disabled, state disability:			In receipt of	disab	ility per	nsion Y	ES/NC)*
If War Disability Pensioner state:	Pensionable disab	ility:			Perce	entage:		_%
If deceased: Date of death:	_ / /	Cause of death:						
3. DETAILS OF SPOUSE/PAR	TNER OF ELIG	IBLE PERSON						
Full name:			Nat.Ins	No.				
Date of Birth:/ /	Date o	f Marriage: /	/					
Maiden name:(If appropriate)	If dece	eased, date and cause of c	leath:/_		_/			
If Spouse/Partner served in Civil A	viation or Armed	Forces please state:						
Civil Aviation Employment:		From:		To: _			_	
Service Employment:		From:		To:			_	
HAVE YOU VERIFIED THE EM	PLOYMENT? Y	ES/NO AND/OR SER	VICE PARTICU	JLAR	S? YES	3/NO		
IF YES, BY WHAT MEANS?								

Air Pilots House, 52A Borough High Street, London SE1 1NX Telephone: 020 7404 4032 Fax: 020 7404 4035 Email: office@airpilots.org Website: www.airpilots.org

4. PARTICULARS OF FAMILY AND DEPENDANTS (INCLUDING ALL SONS AND DAUGHTERS)

Name	Date of Birth	Living at Home	Relationship to	Employment or	Income	Paid to
		or away	applicant	in Education		household
					£	£
					£	£
					£	£
					£	£
					£	£

5. APPLICANT'S WEEKLY OR ANNUAL INCOME AND EXPENDITURE (Verified from documents including DSS)

INCOME

Is the applicant, to the best of your knowledge, in Receipt of all applicable State benefits, rebates and allowances? Yes/No*

If No, what action is being taken?

EXPENDITURE

Does the Council Tax figure include deductions for Council Tax Benefit and Second adult Rebate where applicable? Yes/No* Is the applicant in receipt of housing benefit? Yes/No*

£

£

Gross Rent: Less housing Benefit: £_____ Net rent payable:

Income	Outgoings	
Earnings of applicant (Inc. overtime but	Net Rent (From above)	
less tax and N.I.)		
Earnings of spouse/partner	Mortgage	
State Retirement Pension	Council Tax	
Service Pension	Water Rates	
Occupational Pension	Insurance (Other than N.I.)	
State Ret'mnt. Pension – spouse/partner	Hire Purchase (Total section 7)	
War Disability Pension (%)	Other debts (Total section 8)	
Disability Pension (%)	Housekeeping	
Widow's Pension (War/N.I.)	Gas	
Pension Credit	Electricity	
Maintenance from spouse	Oil	
Attendance Allowance	Other fuels	
Carer's Allowances	Television	
Child Benefit/Special Allowances	Telephone	
Disability Living Allowance/PIP	Car	
Care component	Taxi / Bus fares	
Mobility component	Other expenses (Give details)	
Employment and Support Allowance		
Guardian's Allowance		
Incapacity Benefit		
Income Support		
Industrial injuries Disablement Benefit		
Jobseeker's Allowance		
Maternity Allowance		
Statutory Adoption/Maternity/Paternity Pay		
Statutory Sick Pay		
Widowed Parent's Allowance		
Working Families' Tax Credit		
Other income (give details)		
TOTAL	TOTAL	

6. CAPITAL/SAVINGS

Capital, savings and investments: £ _____ Redundancy payments: £ _____ Date received: ____ / ___/

If the application is consequent to a recent death, give details of the sums received from:

Personal Insurance £

Any other lump sum (eg DSS, Employer, Court award) £

7. HIRE PURCHASE

Article/Creditor	Date of Purchase	Amount of Contract	Monthly/weekly instalments	Instalment Arrears	Amount Outstanding
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£

8. OTHER DEBTS, INCLUDING SOCIAL FUND LOANS

Description	Amount of Loan	Monthly/Weekly Repayments	Arrears	Amount Outstanding
		Repayments		Outstanding
	£	t	£	£
	£	£	£	£
	£	£	£	£
	£	£	£	£

9a. EMPLOYMENT DETAILS OF PERSON ON WHOM ELIGIBILITY IS BASED (To be completed in all cases):

Name and address of present or last employer:

Nature of Employment

If employment ceased, give reason: _____ Date: ____/ ____/

Other previous types of employment:

If temporarily unfit, is job open to return? YES / NO

9b. DETAILS OF EMPLOYMENT OF APPLICANT IF DIFFERENT FROM ABOVE:

11. PREVIOUS ASSISTANCE

Date	Amount	Fund	Nature of Assistance

12. CERTIFICATE (To be read out to the applicant)

In order to process your application certain details that you have provided may be disclosed to various organisations including the DSS and medical services. Additionally we may disclose your details to other charities and similar organisations to obtain possible additional funding for your application. Where any person upon whom your eligibility is based is currently resident abroad it may be necessary to send your details to that country for verification. By signing below you are indicating your consent to these uses of your personal details.

I certify that, to the best of my knowledge, the information supplied in paragraphs 1 to 11 of this form is correct. I agree that employers, or former employers, may be approached to provide further details and that other charities and agencies may be consulted in confidence on matters relevant to this application.

Date: //	Signature of Applicant
	(and/or spouse)

13. REPRESENTATIVE'S REPORT AND RECOMMENDATION

(Please attach estimates and accounts when applicable. For disabled applicants and their spouse/partners give full details of the disability).

Has an approach been made to the DSS or any other fund or charity in respect of this application: YES / NO If yes, include details:

		Continued on additional sheet(s)
SPECIFIC AMOUNT RECOMMENDED	£]
Should this be a grant or loan?		
If loan repay at £ per	With effect from:	//
Signature:	Date: /	_ /
DETAILS OF HELPER/REPRESENTATIVE	E (BLOCK CAPITALS):	
Name	Style or Title 1	Position Held:
Address:		
Post Code:	Email:	Tel. No: