

Application for financial support

Please note we can only consider an application for those who have worked in the Business Supplies Industry for **two years or more**.

Applicant details

Last name	<input type="text"/>	First name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email address	<input type="text"/>				
Marital status	<input type="text"/>	Date of Birth	<input type="text"/>		

If you are completing this form on behalf of the applicant, please provide your details below:

Last name	<input type="text"/>	First name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email address	<input type="text"/>				
Relationship to applicant	<input type="text"/>				

Who should be the main contact for this application? Applicant Both

Spouse/partner details

Last name	<input type="text"/>	First name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		

Applicant's adult next of kin information

Tick here if same as partners information

Last name	<input type="text"/>	First name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>		
Email address	<input type="text"/>				
Relationship to applicant	<input type="text"/>				

Details of grant being applied for

Describe the main purpose of the grant or support required

What is the total amount of grant you are applying for?

Is on-going support needed? Y/N

Has the applicant applied for any Government benefits for assistance? Y/N

If yes, please include this information in the Benefit Income section on page 5.

Please list any other Charities, Trusts and/or Local Authorities the applicant has already applied to for financial assistance and give the results of that application

Organisation	Date	Result

Applicant's employment history
(Give details of the applicant's current or previous employment, even if now retired)

Employer	Job description/ title	From	To

Partner's employment history (Give details of the applicant's spouse's/partner's current or previous employment even if now retired or deceased)

Employer	Job description/ title	From	To

Household members and dependents

Tell us who lives in the applicant's home and/or anyone that the applicant's are financially responsible for:

Name Relationship Date of Birth
 In education Employed Unemployed Weekly contribution to household

Name Relationship Date of Birth
 In education Employed Unemployed Weekly contribution to household

Name Relationship Date of Birth
 In education Employed Unemployed Weekly contribution to household

Name Relationship Date of Birth
 In education Employed Unemployed Weekly contribution to household

Health & Disability History

Applicant's health problems and/or disabilities

Partner's health problems and/or disabilities

Applicant's family health problems and/or disabilities

Name & relationship to applicant

Illness and/or disabilities

Finances

Income (indicate monthly income after tax)

	Applicant	Partner
Salary after tax	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>
Child Maintenance	<input type="text"/>	<input type="text"/>
Rent/Lodger Income	<input type="text"/>	<input type="text"/>
Other Income	<input type="text"/>	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>	<input type="text"/>

Benefit Income (Indicate monthly)

	Applicant	Partner
Universal Credit	<input type="text"/>	<input type="text"/>
Income Support	<input type="text"/>	<input type="text"/>
Jobseeker's Allowance	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>
Sickness & Disability Benefit	<input type="text"/>	<input type="text"/>
Maternity/Paternity Pay	<input type="text"/>	<input type="text"/>
Housing Benefit	<input type="text"/>	<input type="text"/>
Bereavement Allowance	<input type="text"/>	<input type="text"/>
Working Tax Credit	<input type="text"/>	<input type="text"/>
Child Tax Credit	<input type="text"/>	<input type="text"/>
Council Tax Reduction	<input type="text"/>	<input type="text"/>
Any Other Benefits	<input type="text"/>	<input type="text"/>
Please specify	<input type="text"/>	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>	<input type="text"/>

Details of Savings

	Applicant	Partner
Bank/Building Society	<input type="text"/>	<input type="text"/>
Post Office Accounts	<input type="text"/>	<input type="text"/>
Premium Bonds	<input type="text"/>	<input type="text"/>
Saving Certificates	<input type="text"/>	<input type="text"/>
Stocks and Shares	<input type="text"/>	<input type="text"/>
PEPs, ISAs	<input type="text"/>	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>	<input type="text"/>

Monthly Expenditure Home

Household

Rent/Mortgage	<input type="text"/>
Service Charge	<input type="text"/>
Council Tax	<input type="text"/>
Water	<input type="text"/>
Gas/Electric/Oil	<input type="text"/>
Landline Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
TV Licence	<input type="text"/>
TV Package/Sky	<input type="text"/>
Broadband	<input type="text"/>
Buildings Insurance	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>

Monthly Expenditure Living

Household

Food & Supplies	<input type="text"/>
Clothing & Footwear	<input type="text"/>
Laundry & Dry Cleaning	<input type="text"/>
Health Costs Prescriptions	<input type="text"/>
Glasses/Contact Lenses	<input type="text"/>
Bank Fees	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>

Monthly Expenditure Travel

Household

Petrol/Diesel	<input type="text"/>
Vehicle Tax	<input type="text"/>
Vehicle Insurance	<input type="text"/>
Other Travel/Taxis	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>

Monthly Expenditure Family & Pets

Household

School costs	<input type="text"/>
Hobbies	<input type="text"/>
Child Care/Maintenance	<input type="text"/>
Vet Bills/Insurance	<input type="text"/>
Subscriptions	<input type="text"/>
TOTAL (Please complete)	<input type="text"/>

Monthly Expenditure (Any other please give details)

Household

Details of Housing (What type of home does the applicant live in?)

House/Bungalow	<input type="radio"/>	Is that home...	
Flat	<input type="radio"/>	Owned - No Mortgage	<input type="radio"/>
Other	<input type="radio"/>	Owned - With Mortgage	<input type="radio"/>
		Rented	<input type="radio"/>
		Sheltered Accommodation Residential Home	<input type="radio"/>
		Nursing Home	<input type="radio"/>

Details of any Debts (Personal Loans, Hire Purchase, Credit Cards)

Debt Name/Type	Total Owed		Monthly Repayment	
	Applicant	Partner	Applicant	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please supply the last 3 months of bank statements which include income and bill payments with this application.

Declaration

I certify that all the statements I have made in this application are true and correct (apart from any statement to the contrary in the application). I undertake to inform you of any changes in my circumstances that might affect any decision to grant me relief. I realise that I shall be liable to prosecution and that I will be required to make repayment to you if I have wilfully stated anything which I know to be false or do not believe to be true.

I consent to the personal data contained in this application form being processed and maintained by the BOSS Business Supplies Charity for the purposes of administering any application for an allowance or grant from charitable funds, in compliance with the General Data Protection Regulation (GDPR).

Signed (Applicant
or representative)

Signed (Partner)
(Where applicable)

Date