Business Supplies Charity

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		First name		Title	
Address					
Town		County		Postcode	
Telephone		Mobile			
Email address					
Marital status		Date of Birth			

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

Last name		First name		Title	
Address					
Town		County		Postcode	
Telephone		Mobile			
Email address					
Relationship to applicant					

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

Spouse/partner details

Last name		First name		Title	
Address					
Town		County		Postcode	
Telephone		Mobile			

Applicant's adult next of kin information

Tick here if same as partners information ◯

Last name		First name		Title	
Address					
Town		County		Postcode	
Telephone		Mobile			
Email address					
Relationship to applicant					

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		
Pension		
Child Maintenance		
Rent/Lodger Income		
Other Income		
TOTAL (Please complete)		

Benefit Income (Indicate monthly)

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

Details of Savings

	Applicant	Partner
Bank/Building Society		
Post Office Accounts		
Premium Bonds		
Saving Certificates		
Stocks and Shares		
PEPs, ISAs		
TOTAL (Please complete)		

Monthly Expenditure Home

	Household
Rent/Mortgage	
Service Charge	
Council Tax	
Water	
Gas/Electric/Oil	
Landline Telephone	
Mobile Telephone	
TV Licence	
TV Package/Sky	
Broadband	
Buildings Insurance	
TOTAL (Please complete)	

Monthly Expenditure Living

	Household
Food & Supplies	
Clothing & Footwear	
Laundry & Dry Cleaning	
Health Costs Prescriptions	
Glasses/Contact Lenses	
Bank Fees	
TOTAL (Please complete)	

Monthly Expenditure Travel

	Household
Petrol/Diesel	
Vehicle Tax	
Vehicle Insurance	
Other Travel/Taxis	
TOTAL (Please complete)	

Monthly Expenditure Family & Pets

	Household
School costs	
Hobbies	
Child Care/Maintenance	
Vet Bills/Insurance	
Subscriptions	
TOTAL (Please complete)	

Monthly Expenditure (Any other please give details)

Household

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

House/Bungalow ◯
Flat ◯
Other ◯

Is that home…

Owned - No Mortgage ◯
Owned - With Mortgage ◯
Rented ◯
Sheltered Accommodation Residential Home ◯
Nursing Home ◯

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

	Total Owed		Monthly Repayment	
Debt Name/Type	Applicant	Partner	Applicant	Partner

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	

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Business Supplies Charity