

Application for Assistance

1. Particulars of applicant		Reference Number:	
Name		Date of Birth	
Address		Relationship Status	
		Telephone	
		PSI No	
	Postcode:	Force ID No	
Email		National Ins No	

2. Particulars of spouse(s)/partner(s)			
Name		Date of Birth	
Address		Relationship Status	
		Telephone	
		PSI No	
	Postcode:	Force ID No	
Email		National Ins No	

3. Particulars of dependants (including adults)				
Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school/university

4. Particulars of person on whom eligibility is based			
Name when serving		PSI No	
Force ID No		National Ins No	
Date of Birth		Relationship to applicant	
Service details verified (YES/NO):		Means of verification:	

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5. Details of employment						(Even if currently retired or unemployed)
Name of employer	Nature of employment	From date	To date	Type of business or trade,	Union/trade association	
Applicant						
Spouse / Partner						

6. Previous assistance				(please include all sources of financial assistance)
Date	Amount	Assistance Provider	Nature of Assistance	

7. Other assistance		
Type of Assistance	Estimated Cost	Contribution from client & family

8. Other assistance providers approached						(local, national, occupational etc. with amounts requested/promised/received)
	Assistance Provider Name	Amount		Assistance Provider Name	Amount	
1			5			
2			6			
3			7			
4			8			

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9. Monthly income and expenditure of household					
Monthly Income	£	Monthly Expenditure	£	Arrears	Office use only
Wages / Salary (Applicant)		Mortgages			
Wages / Salary (Spouse / Partner)		Rent (less housing benefit)			
Maintenance / CSA Receipts		Council Tax (less council tax benefit)			
		Factoring Charges			
Pensions - applicant		Gas			
Police Retirement Pension		Electricity			
Other Pension Income		Maintenance / CSA payments			
State Retirement Pension		Telephone			
		Mobile telephone(s)			
Pensions – spouse/partner		TV / satellite / cable / licence			
Police Retirement Pension		Buildings / contents insurance			
Other Pension Income		Other housing costs			
State Retirement Pension		Mortgage endowment policy			
		Life assurance			
State Benefits (please list all benefits you receive)		Other insurance(s)			
Applicant		Other fuel			
		Pensions contributions			
		Housekeeping			
		Car costs (insurance/fuel)			
		Travel costs			
Partner/Spouse		Meals at school / work			
		Clothing			
		Carer / childcare costs			
		Liabilities / debts (from section 11)			
		Hobbies / Entertainment			
All other Income		Other expenditure			
Dividends					
Family contributions					
Interest					
Rental Income					
Total Income		Total Expenditure			

10. Savings and capital	
Applicant's and spouse/partner's total savings (including capital, investments, bank, building society etc)	£

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11. Liabilities / debts (includes secured loans, unsecured loans, HP, Trading agreements, loans from family members)					
Creditors	Purchase Date	Contract Amount	Monthly Instalment	Total Arrears	Outstanding
		Totals			

12. Additional Supporting Information (continue on separate sheet if necessary)			
<p>AMOUNT REQUESTED: £</p>			
Signature of Interviewing Officer		Date	
Name in block letters		Office held	
Title for correspondence			
Postal Address		Office Name	
		Office Ref	
		Telephone No	
		Fax No	
		Email	

Payment Instructions:	
Sort Code	
Bank Account	
Address	

13. Declaration

- * I declare that the information I have given in Sections 1 – 10 is, to the best of my knowledge, correct.
- * I understand that the information I have provided will be used to process this application for assistance.
- * I agree that the details on this form may be passed in confidence to other agencies, including the Benefits Agency and other charities, in the course of this application.
- * I authorise The Scottish Police Benevolent Fund to approach other agencies, including the Benefits Agency and other charities, on my behalf.



Signature of applicant:

Date of signature:

Signature of applicant's spouse / partner:

Date of signature:

Please see www.spbf.org.uk for details of our privacy policy.

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Continuation Sheet (if necessary):