

CONFIDENTIAL

GAMEKEEPERS WELFARE TRUST

APPLICATION FOR ASSISTANCE

1. PARTICULARS OF APPLICANT

Surname

First names

Date of Birth

Marital status

Full address

Tel number

Mobile number

Email address

Spouse/Partner (if applicable)

Surname

First names

Date of Birth

Full address (if different from applicant)

Tel number

Mobile number

Email address

2. APPLICANT'S EMPLOYMENT HISTORY (continue on additional sheet if necessary)

| Name of employer | Address and Telephone No | Date worked from & to | Position held |
|-------------------------|---------------------------------|----------------------------------|----------------------|
| | | | |
| | | | |
| | | | |

3. SAVINGS, INCOME AND BENEFITS RECEIVED, by the household if under 18 years of age, and independently if over 18 years of age

Please give details of current finances

Savings

Bank

Investments

ISA

| INCOME PER MONTH | £ per month |
|---|-------------|
| (please include any benefits) | |
| Self: wages/salary after deductions | |
| Spouse/Partner: wages/salary after deductions | |
| Self: occupational/private pension | |
| Spouse/Partner: occupational/private pension | |
| Pension credit Guarantee Savings | |
| Disability Living Allowance: Care Component Mobility Component | |
| Attendance Allowance | |
| War Service Pension | |
| SSP/Incapacity Benefit | |
| Jobseeker's Allowance | |
| Child Tax Credit | |
| Working Tax Credit | |
| Housing Benefit | |
| Income Support | |
| Council Tax Benefit | |
| Child Benefit | |
| Any other statutory benefit | |
| Help from family members | |
| Help from any other charity/sources | |
| Any other income | |
| TOTAL | |

4. FEES/OUTGOINGS OF THE HOUSEHOLD

| | |
|---|--|
| Basic outgoings | |
| Rent (before benefit) | |
| Mortgage | |
| Council Tax | |
| House insurance | |
| Water rates | |
| Gas | |
| Electricity | |
| Solid Fuel | |
| Oil | |
| Food and essentials | |
| Clothing | |
| Telephone | |
| Television License | |
| Broadband/Sky subscriptions | |
| Car Tax | |
| Car Insurance | |
| Car fuel | |
| MOT and repairs | |
| Any other insurances | |
| Loans/HR | |
| Magazine/club memberships/subs | |
| Bus/train/taxi/travel costs | |
| Home help/care costs | |
| Medical | |
| Any other costs please explain and list | |
| | |

5. ASSISTANCE REQUESTED (continue on additional sheet if necessary)

| |
|---|
| <p>Nature of assistance requested <i>(please give as much detail as possible including any estimates, also provide any relevant documents available to support your application)</i></p> |
| |

6. ASSISTANCE RECEIVED OR APPLIED FOR FROM OTHER FUNDS

| | |
|--|---|
| <p>OTHER SOURCES OF FUNDS APPROACHED (local, national, occupational, Service etc) with amounts promised if known.</p> | |
| 1 | 3 |
| 2 | 4 |

7. REFERENCE

Please list the name, address of a suitable referee i.e. clergy, doctor, accountant, solicitor, agent, employer.
 Any queries regarding a reference contact us on 01677 470180. We are here to help.

Name:.....

Telephone No:.....

Address:.....

.....

8. CERTIFICATE (to be signed by applicant or by a suitable representative)

I certify to the best of my knowledge that the information supplied above is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help by deception.

Signature of applicant.....

On behalf Date.....

Please return to Mrs H Benson, Gamekeepers Welfare Trust Keepers Cottage Tanfield Lodge West Tanfield Ripon HG4 5LE Tel: 01677 47010. E mail: gamekeeperwtrust@btinternet.com

This is a confidential document and will only be shared with Trustees for consideration. References to verify employment and references will be requested with discretion.