**Application for Assistance**

Surname: ................................................................. Forename(s): ............................................................

Address: …..................................................................................................................................................

......................................................................................................................................................................

Post Code: ........................................................ Telephone: ................................................................

Date of Birth:...................................................... Marital Status: .................................................................

**Applicant’s Details**

Surname: ................................................................. Forename(s): ....................................................... Date of Birth: ............................................................

**Partner’s Details**

|  |
| --- |
| **Children’s / Dependent’s Details** |
| **Name** | **Date of Birth** | **Living with Applicant?** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Please provide details of how the Benevolent Fund can help you / the type of assistance required:

Please state the name of the person relating to this application who has followed an Institution of Gas Engineers & Manager Engineering profession:

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Please provide brief details of their employment history:

Please state your relationship to this person:

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 IGEM Membership Number (if applicable): .............................................................................................................

**Institution of Gas Engineers & Managers Connection**

Please provide brief details of their employment history

|  |
| --- |
| **Income** |
| **Monthly Income** | **Self** | **Partner** |
| Income from Employment | £ | £ |
| Occupational Pension | £ | £ |
| Income from Savings / Investments | £ | £ |
|  |
| **State Benefits** |
| **Weekly Income** | **Self** | **Partner** |
| State Pension | £ | £ |
| Pension Credit | £ | £ |
| Housing / Council Tax Benefit | £ | £ |
| Attendance Allowance | £ | £ |
| Any other state benefit or Tax Credit: | £ | £ |
|  | £ | £ |
|  | £ | £ |
| Help from other charities | £ | £ |
| Help from family members | £ | £ |
| Other (please specify): | £ | £ |
|  | £ | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Job Title** | **From (year)** | **To (year)** |
|  |  |  |  |
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| **Capital Assets** |
| **Savings & Investments** | **Self** | **Partner** |
| Current Accounts | £ | £ |
| Deposit Accounts | £ | £ |
| Other Savings Accounts | £ | £ |
| Investments - current value | £ | £ |
|  |
| **Property** |
| House Property Value | £ |
| Is Property Mortgaged? | Yes/No: |
| Amount Outstanding | £ |

|  |
| --- |
| Expenditure |
| **Household Expenditure** | **Monthly** | **Weekly** |
| Mortgage or Rent | £ | £ |
| Mortgage Endowment Premium | £ | £ |
| Insurance – Contents/Building | £ | £ |
| Council Tax | £ | £ |
| Gas | £ | £ |
| Electricity | £ | £ |
| Water | £ | £ |
| Other Fuels (please specify) | £ | £ |
| Residential /Nursing Home Fees | £ | £ |
| General Living Expenses | £ | £ |
| Other: (please specify) | £ | £ |
|  | £ | £ |
|  | £ | £ |
|  | £ | £ |

Signed …………………………………………………… Date ………………………………………………..

.................................................................

. Date

Signed

I confirm that you may hold these details in a retrieval system for your own use and that you may not disclose the information to any third party without my authority.

I hereby declare that all questions on this form have been fully and truthfully answered to the best of my ability, and that details of all income, capital assets and expenditure give a true account of my/our financial position. I undertake to inform the Benevolent Fund immediately of any changes in my circumstances.

**Data Protection & Declaration**