

## APPLICATION FOR ASSISTANCE TO THE MRS WILLIE JAMES CHARITY

Please complete pages 1-4 in full as failure to do so may result in the form being returned to you, which will hold up your application. If you need any assistance please contact your Housing Manager who will be pleased to help.

### 1. DETAILS OF APPLICANT

Name:	Tel/mob No:
Address:	
Postcode:	
Date of Birth:	Marital Status:

### 2. ELIGIBILITY

Please state in what capacity you qualify to apply (please circle relevant qualification as described on Page 1 of the Guidelines for Applicants)

1	2	3	4
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Were you a tenant of The Housing Association for Officers' Families (HAOF) on 31st March 1995?

**YES / NO**

### 3. DETAILS OF SERVICE PERSON UPON WHOM ELIGIBILITY IS BASED

Name:	Date of Birth:	
Service, Corp, Regiment:		
Service No:	Service dates from:	to:

### 4. ASSISTANCE REQUIRED

Please tell us what you need and how you think the Charity could help. If your request is approved, the Trust will provide the item/s for you. Please give details of the item you need, for example from Argos, including the catalogue number. Include the full cost including any delivery, installation and disconnection costs. Attach any further details or your supplier's quotation/estimate, as appropriate.

ITEM	COST
<i>(eg white goods, medical expenses)</i>	
Reason / comments:	

## 5. WEEKLY INCOME OF HOUSEHOLD

*Note: Please include ALL income for household members. Any income paid to you monthly should be converted to weekly income as follows:*

*eg: £100pm x 12 months = £1,200 ÷ 52 weeks = £27.69 per week*

**Please note, you may be asked to provide proof of your household income.**

<b>Income</b>	<b>£ per week</b>
Wages/Salary (Applicant)	
Wages/Salary (Spouse/Partner)	
Maintenance/CSA Receipts	
Income from Savings, Investments	
<b>Pensions (Applicant)</b>	
Service Retirement Pension	
Service Invalidity Pension	
Occupational Pension	
State Retirement Pension	
War Disablement Pension	
State Widows Pension/Bereavement Allowance	
War Widows/Widowers Pension ( <i>£10 disregard allowed</i> )	
Widowed Parent's Allowance ( <i>£10 disregard allowed</i> )	
<b>Pension (Spouse/Partner)</b>	
Service Retirement Pension	
Service Invalidity Pension	
Occupational Pensions	
State Retirement Pension	
War Disablement Pension	
State Widows Pension/Bereavement Allowance	
War Widow's Pensions/AFFP Pension	
<b>Non Means Tested Benefits</b>	
Contribution Based Job Seekers Allowance (Applicant)	
Contribution Based JSA (Spouse/Partner)	
Severe Disablement Allowance	
Incapacity Benefit	
Statutory Maternity/Paternity pay	
Child Benefit	
Carer's Allowance	
Attendance Allowance ( <i>not counted as income</i> )	
Disability Living Allowance ( <i>not counted as income</i> )	
<b>Means Tested Benefits</b>	
Housing Benefit	
Child Tax Credit	
Working Tax Credit	
Pension Credit	
Income Based Job Seekers Allowance	
Income Support	
Other benefits – specify	
<b>All other income</b> (eg from other household members)	
<b>TOTAL INCOME:</b>	<b>£                      pw</b>

## 6. WEEKLY EXPENDITURE OF HOUSEHOLD

Note: Please include expenditure for all household members. Any monthly payments should be converted to weekly payments as follows. Do not use the monthly rate.  
eg: Council tax £120 per month x 12 = £1,440 ÷ 52 weeks = £27.69 per week

Please note, you may be asked to provide proof of your household expenditure.

Expenditure	£ per week
Rent	
Council tax	
Gas	
Electricity	
Magistrates court fines	
Maintenance/CSA payments	
Water rates/sewage charges	
Telephone	
TV/video/satellite cable	
Ground rent/service charge	
Building/contents insurance	
Other housing costs	
Life insurance	
Other insurance(s)	
Fuel ( <i>incl oil, coal, calor gas</i> )	
Pension contributions	
Housekeeping ( <i>incl food, laundry, cleaning materials, newspapers, pocket money etc</i> )	
Car costs ( <i>incl insurance, MOT, running costs, tax</i> )	
Travel costs ( <i>incl taxis and buses</i> )	
School meals/meals at work	
Clothing	
Prescription/health costs	
Carer/childcare costs	
Liabilities/debts ( <i>from Section 8 on p4</i> )	
Other expenditure	
<b>TOTAL EXPENDITURE</b>	<b>£                      pw</b>

## 7. SAVINGS/CAPITAL

Applicant's and spouse/partner's total savings: (Please include capital, investments, building society, bank accounts)	£
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**8. LIABILITIES/DEBTS**

Please include secured loans, unsecured loans, HP, trading agreements, loans from family members, etc.

Creditors	Purchase Date	Total Amount	Weekly Instalments	Total Arrears	Amount Outstanding
<b>TOTALS</b>					

**9. PREVIOUS ASSISTANCE**

Please give exact amount and include all sources including The Royal British Legion and SSAFA Forces Help

Date	Amount	Fund	Nature of assistance

*Note: For Sections 8 and 9 please include all debt and all previous assistance given; this will not have an adverse effect on your application. Please include totals where requested.*

**10. CERTIFICATE**

I declare that the information I have given on this form is correct to the best of my knowledge and understand that an incorrect statement may be regarded as an endeavour to obtain help under false pretences.

I agree that the information supplied on this form may be shared with voluntary or charitable organisations and relevant statutory agencies for the purpose of furthering my application for assistance.

I agree that the information supplied on this form may be shared with the Ministry of Defence and its agencies, including Service Personnel and Veterans Agency, for the purposes of verifying my Service in the Armed Forces or to further my application for assistance.

I will accept as a gift any item(s) requested by me on this form and provided for me by Haig Housing on behalf of the Mrs Willie James Charity, and confirm that I will be responsible for the future repair, maintenance, replacement and renewal of such item(s).

Signature of Applicant: ..... Date: .....

*We would like to retain and use this information for research and follow-up assistance purposes. If you do not wish for us to do this, please tick here [ ].*

**TO BE COMPLETED BY HAIG HOUSING**

**11. STATE BENEFITS**

Is the applicant in receipt of Housing Benefit/LHA	YES/NO
Is the Applicant in receipt of Council Tax Benefit	YES/NO
Are enquiries about other benefits being made? If YES, which?	YES/NO

**12. REPORT AND RECOMMENDATIONS** (continue on page 6 if required)

<b>Approximate cost:</b>	<b>£</b>
Signed:	Date:
Name:	Position: Housing Manager

**13. CHECKED BY HOUSING & DEVELOPMENT DIRECTOR**

Signed: ..... Date .....

(John Lau)

**14. APPROVED BY CORPORATE DIRECTOR**

Approved under delegated powers on behalf of the Trustees of the Mrs Willie James Charity

Signed: ..... Date .....

(Pat Horgan)