

STRICTLY PRIVATE & CONFIDENTIAL

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www.licensedtradecharity.org.uk

# APPLICATION FOR FINANCIAL ASSISTANCE



PLEASE RETURN COMPLETED APPLICATION FORM TO THE WELFARE  
DEPARTMENT AT THE ABOVE ADDRESS.

## **Application Notes**

*Please complete all the sections in this form that apply to you, with as much detail as possible an incomplete form or failure to return all the supporting documentation requested in the accompanying letter may delay your application.*

Please pay particular attention to the following:

## **WORK HISTORY**

We are the trade charity for the licensed drinks industry and so your application for assistance is based on your/ your spouse's/ partner's work within our industry.

You will need to have worked in the licensed drinks industry, within the UK or Northern Ireland during one of the following three time frames:

- Currently working within the industry
- Have worked for one continuous year in the past five years
- Have worked five continuous years in your lifetime

# 1. Personal Details

Reference / LTC Membership No: ..... (if applicable)

Married  Living with Partner  Single  Separated  Divorced  Widowed

## Applicant

## Spouse/Partner

<b>Mr/Mrs/Miss/Ms:</b>
<b>Surname:</b>
<b>Christian/First Name:</b>
<b>Date of Birth:</b>
<b>*Place of Birth:</b>
<b>*Religion:</b>

<b>Mr/Mrs/Miss/Ms:</b>
<b>Surname:</b>
<b>Christian/First Name:</b>
<b>Date of Birth:</b>
<b>*Place of Birth:</b>
<b>*Religion:</b>

*\* Giving this information is optional, but it may help us to suggest other sources of funding*

<b>Address:</b>  <b>Post Code:</b>	<b>Telephone Number (s)</b>  <b>E-Mail:</b>
<b>Number of Children (non-dependant as well as young children):</b>	

# 2. Emergency Contact Details

*Please give the name of a relative, friend or other whom we could contact if necessary.*

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Telephone Number (s):</b>	

# 3. Other People In Your Household

Name	Date of Birth	Relationship	Weekly Net Income	Weekly Financial Contribution

## 4. Weekly Income

*If you are unable to provide weekly figures, please indicate whether amounts are on a four weekly or calendar month basis. Please state the income of all persons in the household.*

	Applicant	Partner	Other
State Retirement Pension			
Work Pension (s)			
Personal Pension (s)			
Pension Credit (including Savings Credit)			
Attendance Allowance			
Disability Living Allowance - Mobility Component			
Disability Living Allowance – Care Component			
Carer’s Allowance			
Incapacity Benefit			
Income Support			
Severe Disablement Allowance			
Wages (Net)			
Job Seekers Allowance			
Statutory Sick Pay			
Industrial Injuries Benefit			
Working Tax Credit			
Child Tax Credit			
Child Benefit			
Maintenance from Ex-Spouse /Partner			
Income from Other Charities (Please Name)			
Any Other Income (Please Specify)			
<b>Total Income</b>			

**Do you Receive:**

Housing Benefit	Yes/No
Income Support Mortgage Interest Payment	Yes/No
Council Tax Benefit	Yes/No
Are you awaiting the outcome of any State Benefit applications? If yes, which ones	Yes/No

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Do you have a current Social fund Loan?	Yes/No
If yes, is this being deducted from your benefits?	Yes/No

## **5. Weekly Outgoings**

If you are unable to provide weekly figures, please indicate whether amounts stated are on a four weekly or calendar month basis.

<b>Expenditure</b>	<b>Amount</b>
Water	
Electricity	
Gas/ Coal / Oil	
House Contents / Building Insurance	
Telephone	
TV Licence / Rental	
Life Insurance	
Petrol/ Transport Costs	
Prescriptions	
Childcare Costs	
Rent after Housing Benefit (what you pay)	
Council Tax after Council Tax Benefit (what you pay)	
Mortgage after DWP Mortgage Interest Payment (what you pay)	
Other (please specify)	
<b>Total Weekly Expenditure</b>	

## **6. Capital / Investments**

*How much money do you and your partner have in:*

BANK / CURRENT ACCOUNT	£	SAVINGS ACCOUNTS	£
BUILDING SOCIETY	£	PREMIUM BONDS	£
BONDS	£	STOCKS/SHARES (current value)	£
PEPS/TESSAS/ISAS	£	OTHER INVESTMENTS	£

## 7. Debts

Please include all debts except your mortgage, e.g. HP, loans, Social Fund, Arrears (such as credit cards, rent, council tax e.t.c.).

Purpose of Loan/type of arrears	Name of lender/creditor	Date taken out/incurred	Original Amount	Outstanding Amount	Weekly repayment

## 8. Accommodation

Do you own the property you live in?

YES/NO

If yes, please indicate type of property below:

House  Bungalow  Flat  Other \_\_\_\_\_

Is it Jointly Owned?:	Approximate Value:
Number of Bedrooms?:	Amount of Mortgage:
Date of Purchase?:	Remaining Length of Mortgage:

Do you live in Rented Accommodation?

YES/NO

If yes, is it

Council Owned  Housing Association  Private Landlord  Other

Do you live in Sheltered Accommodation?

YES/NO

Do you live in Residential/Nursing Home?

YES/NO

## **9. Employment Record in the Licensed Trade**

Please continue on another sheet if there is not enough space. (*indicate whether it was full-time or part-time work.*)

<b>Name of Pub/ Company</b>	<b>Location (town and Country)</b>	<b>Job Title</b>	<b>From</b>	<b>To</b>

*Please enclose copies of any payslips, pension slips, letters or other documents that you have, as proof of having worked in the industry. If this is not possible, please provide the name and address of an employer who is able to confirm all or some of the time you have spent in the Licensed Trade, who we can contact if necessary, in the space provided.*

## **10. Employment in Other Industries (Including spouse/partner)**

Please complete this section, as we may be able to suggest other relevant trade charities that can also help. Please indicate whether it is your partner's or your own work details in each case.

<b>Type of Work</b>	<b>Number of Years Worked</b>

## **11. Armed Forces Service**

Have you or your spouse/partner ever served in any of the HM Forces?

YES/NO

If yes, please supply the following information:

<b>Branch:</b>	<b>Service Number:</b>
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## 14. Family Contribution

Are you or your family able to make a contribution?  
If yes please state amount:

YES/NO

How did you hear about us? (please indicate below):

- Website       Morning Advertiser       The Publican       LTC Newsletters  
 Other Charities       Word of mouth       Other

## 15. Declaration Statement

Please read this section carefully and tick the boxes next to each statement

- I/we the undersigned, declare that all the particulars in this form are correct and that I/we have made a full disclosure of my/our income, capital, and investments.
- I/we understand that any false or undisclosed information could result in the withdrawal or repayment of any award agreed by the Licensed Trade Charity.
- I/we will undertake to inform the Licensed Trade Charity of any changes in our circumstances that take place during the application process.
- I/we understand that the Licensed Trade Charity may confer with other charities/bodies regarding my/our application.
- I/we understand that the information on this form will be kept on a computer database as well as in a paper file. I consent to the collection, processing and dissemination of this information by the Licensed Trade Charity in line with the regulation laid down in the Data Protection Act 1998.



Applicant's Signature .....

Date.....

Spouse/Partner's Signature.....

Date.....