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.

2.

3.

4.

Name:			Tel/mob I	Tel/mob No:		
Address:			•			
			Postcode	:		
Date of Birth:			Marital St	atus:		
ELIGIBILITY						
Please state in who qualification as desc						
1	2		3		4	
Vere you a tenant o Officers' Families (H DETAILS OF SERV	AOF) on 31st	March 199	5?		ES / NO S BASED	
Name:		Date of B	Date of Birth:			
Service, Corp, Reg	iment:					
Service No:		Service da	ates from:		to:	
ASSISTANCE REQUIPMENT NEEDS IN A STANCE REQUIPMENT OF THE PROOF TH	you need and the Trust will	provide the	e item/s for y	ou. Plea	ase give detail: alogue number	
nclude the full cost Attach any further de		delivery, ir	stallation ar	nd disco		
		delivery, ir	stallation ar	nd disco		

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 \div 52 weeks = £27.69 per week

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

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

6. WEEKLY EXPENDITURE OF HOUSEHOLD

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

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

Expenditure	£ per v	veek
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 (incl oil, coal, calor gas)		
Pension contributions		
Housekeeping (incl food, laundry, cleaning materials,		
newspapers, pocket money etc)		
Car costs (incl insurance, MOT, running costs, tax)		
Travel costs (incl taxis and buses)		
School meals/meals at work		
Clothing		
Prescription/health costs		
Carer/childcare costs		
Liabilities/debts (from Section 8 on p4)		
Other expenditure		
TOTAL EXPENDITURE	£	pw

7. SAVINGS/CAPITAL

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

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
TOTALS					

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:
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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 [].

11. GENERAL DATA PROTECTION REGULATION 2018 / DATA PROTECTION ACT 2018

All personal data that Haig Housing Trust (the "Trust") may use will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation ("GDPR") and your rights under the GDPR. This has been enshrined in British Law as the Data Protection Act ("DPA") 2018.

For complete details of the Trust's collection, processing, storage, and retention of personal data including, but not limited to, the purposes for which personal data is used, the legal basis or bases for using it, details of your rights and how to exercise them, and personal data sharing (where applicable), please refer to the Trust's Privacy Notice which can be found on our website www.haighousing.org.uk or can be obtained by emailing communications@haighousing.org.uk or by telephoning 020 8685 5777. Beneficiaries will already have been provided by post or on being signed up with a copy of this Notice.

TO BE COMPLETED BY HAIG HOUSING

12. STATE BENEFITS

YES/NO
YES/NO
YES/NO

3.	REPORT	REPORT AND RECOMMENDATIONS (continue overpage if required)				
	Approx	imate cost:	£			
	Signed:		Date:			
	Name:		Position: Housing Manager			
4.	CHECKE	ED BY HOUSING & DEVELOPN	IENT DIRECTOR			
	0		D 4			
	Signed:	(William Lindsay)	Date			
5.	APPROV	APPROVED BY CORPORATE DIRECTOR				
	Approved James C		nalf of the Trustees of the Mrs Willie			