

IN CONFIDENCE WHEN COMPLETED

APPLICATION FOR ASSISTANCE

(To be completed only by a representative of the Service organisation named below)

Grenadier Guards Association

Registered Charity Number 287265

1. Particulars of applicant			
Surname		NI Number	
Address		Forenames	
		Date of birth	
		*Place of birth	
		*Religion	
Postcode		Marital Status	
Email		Date of marriage / partnership if applicable	
Telephone			
Length of time living at this address		Date of divorce / separation if applicable	
Type of accommodation (house,flat,etc.)		Date spouse/partner died if applicable	
Owner-occupied/rented/leased		Relationship to person in Section 4	
Previous address if changed within last three years			

2. Particulars of spouse(s)/partner(s)			
Surname		NI Number	
Address if different from applicant		Forenames	
		Date of birth	
		*Place of birth	
		*Religion	
		Email	
		Telephone	
Reason for separate address if applicable			
<i>* Note: a number of charities give only to people born in a certain place; others give specifically to people of a certain religion</i>			

3. Particulars of sons and daughters (including adults) and dependants				
Name	Age	Living at home or away	Relationship to applicant	Employed/unemployed or at school university

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4. Particulars of person on whom eligibility is based			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.svc/TA/r'srv/oth'r)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country / period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

5. Particulars of spouse/partner if also served			
Surname when serving		Date of birth	
Forenames		Relationship to applicant	
Date of death if applicable		Cause of death	
Rank at end of service		Service number	
Service type (war/regular/nat.svc/TA/r'srv/oth'r)		Character on discharge	
Medals/decorations			
Operational theatres			
POW country / period			
Service/Corps/Regiment **	Enlistment date	Discharge date	Reason for discharge
Service details verified (YES/NO):		Means of verification:	
<i>** Include split service with dates, all corps/regiments. For RN give last ship/establishment. For RAF state trade.</i>			

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6. Details of Civilian Employment				
Name of Employer	Nature of Employment	From Date	To Date	Type of Business or Trade Union/Trade Association
Applicant:				
Spouse/Partner:				

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7. Weekly income and expenditure of household					
Weekly Income	£	Weekly Expenditure	£	Arrears	Office use only
Earnings		Mortgage			
Wages/Salary (Applicant)		Second Mortgage / Secured Loan			
Wages/Salary (Spouse/Partner)		Rent (less housing benefit)			
Maintenance/CSA Receipts		Council tax (less council tax benefit)			
Sub-letting, boarders etc.		Gas			
Other Provided		Electricity			
Pensions - applicant		Magistrates court fines			
Service Retirement Pension		Maintenance / CSA payments			
Service Invalidation Pension	%	Water rates/sewage charges			
Occupational Pension		Telephone			
State Retirement Pension		TV/video/satellite/cable			
War Disablement Pension	%	Ground rent/service charge			
State Widows Pension/Bereavement Allow		Building/contents insurance			
War Widows Pension/AFFP Pension		Other housing costs			
Other Provided		Mortgage endowment policy			
Pensions - spouse/partner		Life insurance			
Service Retirement Pension		Other insurance(s)			
Service Invalidation Pension	%	Other fuel (inc oil, coal, calor gas)			
Occupational Pension		Pensions contributions			
State Retirement Pension		Housekeeping (inc food, laundry, cleaning)			
War Disablement Pension	%	Car costs (inc insurance, MOT, running)			
State Widows Pension/Bereavement Allow		Travel costs (inc taxis and buses)			
War Widows Pension/AFFP Pension		School meals/meals at work			
Other Provided		Clothing			
State Benefits		Prescriptions/health costs			
JSA/Income Support (applicant)		Carer/childcare costs			
JSA/Income Support (spouse/partner)		Liabilities/debts (from Section 10)			
Disability-related benefits		Other Provided			
Family/child-related benefits					
Universal Credit					
Personal Ind Payment - PIP applicant					
Personal Ind Payment - PIP partner/spouse					
Other Provided					
All other income					
CSA					
Family Contributions					
Interest					
Maintenance					
Other Contributions					
Other Provided					
Total Income		Total Expenditure			
Total Income - Total Expenditure =					

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8. Savings and capital	£
Applicant's and spouse/partner's total savings (including capital, investments, bank, building society etc.)	

9. State benefits			
Is the applicant in receipt of housing benefit (YES/NO)?		Is the applicant receiving council tax benefit (YES/NO)?	
Are enquiries being made about other benefits (YES/NO)?		If benefit enquiries are being made, enter details below.	

10. Liabilities / debts (include secured loans, unsecured loans, HP, Trading agreements, loans from family members)					
Creditors	Purchase Date	Contract Amount	Weekly Inst'ment	Total Arrears	Outstanding
Totals					

11. Previous assistance			
Date	Amount	Assistance Provider	Nature of Assistance

12. Assistance required		
Type of assistance	Estimated Cost	Contribution from client and family members

13. Declaration	
<ul style="list-style-type: none"> * I declare that the information I have given on this form is correct to the best of my knowledge. * 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 purpose of verifying my Service in the Armed Forces. * I agree that information collected as part of the application process may be retained so that any future applications may be speedily processed, and that data generated may be used for follow up assistance, statistical and research purposes. 	
Signature of applicant:	Date of signature:
Signature of applicant's spouse / partner:	Date of signature:



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14. Assistance Providers approached

	Assistance Provider Name	Amount		Assistance Provider Name	Amount
1			4		
2			5		
3			6		

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15. Caseworker's report and recommendations

* Caseworkers are reminded of their responsibilities regarding the Data Protection Act 1998.
 * A copy of 'Notes for Clients' or equivalent Fair Processing Notice should be left with the applicant.

AMOUNT REQUIRED £

Signature of Caseworker		Date	
Name in block letters		Office held	
Correspondence to		External User ID	
Postal Address		Office Name	
		Office Reference	
		Telephone	
		Fax	
		email	

Payment Instructions: