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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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Certification

Applicant's full name in block capitals	
Signature of applicant:	
Signature of applicant's spouse/partner:	
Date of signature:	

Information provided on behalf of an applicant: (only to be completed if the form has been completed on behalf of the applicant).

For those who are providing the information on behalf of an applicant who is not able to do so (neighbour, friend, social worker etc.):

I confirm that I have, to the best of my ability, gained agreement to provide the personal data of the applicant and personal data to identify the person on whom eligibility is based.

I confirm that I have, to the best of my ability, gained agreement to provide the special category data (sensitive personal data) of the applicant and I have completed the specific consent boxes.

I give permission for my contact details to be held for the specific purpose of communicating with me to assist in this claim.

I hold power of attorney in respect of the applicant.

Certification

Applicant's neighbour/friend/social worker etc. name
in block capitals:

Signature of applicant's neighbour/friend/social worker etc.:

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

** Branch Secretaries/Welfare Officers are reminded of their responsibilities regarding current General Data Protection Regulations.
 If in doubt please consult the General Secretary.*

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: