

**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

<b>1. Particulars of applicant</b>			
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			

<b>2. Particulars of spouse(s)/partner(s)</b>			
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>			

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

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<b>4. Particulars of person on whom eligibility is based</b>			
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>			

<b>5. Particulars of spouse/partner if also served</b>			
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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<b>6. Details of Civilian Employment</b>				
<b>Name of Employer</b>	<b>Nature of Employment</b>	<b>From Date</b>	<b>To Date</b>	<b>Type of Business or Trade Union/Trade Association</b>
<b>Applicant:</b>				
<b>Spouse/Partner:</b>				

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<b>7. Weekly income and expenditure of household</b>							
<b>Weekly Income</b>		<b>£</b>	<b>Weekly Expenditure</b>		<b>£</b>	<b>Arrears</b>	<b>Office use only</b>
<b>Earnings</b>			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				
<b>Pensions - applicant</b>			Magistrates court fines				
Service Retirement Pension			Maintenance / CSA payments				
Service Invalidity 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				
<b>Pensions - spouse/partner</b>			Life insurance				
Service Retirement Pension			Other insurance(s)				
Service Invalidity 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				
<b>State Benefits</b>			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							
<b>All other income</b>							
CSA							
Family Contributions							
Interest							
Maintenance							
Other Contributions							
Other Provided							
<b>Total Income</b>			<b>Total Expenditure</b>				
<b>Total Income - Total Expenditure =</b>							

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

<b>9. State benefits</b>			
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.	

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

<b>11. Previous assistance</b>			
Date	Amount	Assistance Provider	Nature of Assistance

<b>12. Assistance required</b>		
Type of assistance	Estimated Cost	Contribution from client and family members

<b>13. Declaration</b>	
<p>For us to optimise the support you may receive, please note that we, the facilitating charity, may need to process/share some of your <b>'sensitive personal data'</b> also known as <b>Special Category Data</b>, relating to physical or mental health, ethnic origin, genetic/biometric identifiers, religious or political views, trade union membership, sexual orientation and any criminal convictions or offences.</p> <p><b>Applicant Declaration: I have read the above and am happy for you, the facilitating charity, to collect, handle and share my data provided in this form, including sensitive data, with other organisations (please indicate your agreement by ticking the box).</b> <input type="checkbox"/></p> <p>If there is personal information you are unhappy for us, the facilitating charity to process/share please detail the category of data below so we can better handle your application in accordance with your privacy rights.</p>	

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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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<b>14. Assistance Providers approached</b>					
	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: