

Hampshire Constabulary Welfare Fund

Loan and grant application form

Name: _____

Collar No (for serving officers and staff): _____

Address:

Telephone number: is it ok to leave messages?

Work _____ Yes/ No

Home _____ Yes/ No

Mobile _____ Yes/ No

Home Email address _____

Your date of birth _____

If you have any dependants please include their dates of birth and also whether they are residing with you.

Dependant's D.O.B _____ Resident with applicant Yes/ No

Dependant's D.O.B _____ Resident with applicant Yes/ No

Dependant's D.O.B _____ Resident with applicant Yes/ No

Dependant's D.O.B _____ Resident with applicant Yes/ No

Date of application: _____

Are you a member of the welfare fund?: Yes/ No

Have you made a previous application to the welfare fund?: Yes/ No

Are you a..... Police Officer/ Police Staff/ Retired Officer/widow/
widower/ dependant (Please circle)

Serving Police Officers and staff, please provide details of length of
service: Years _____ Months _____

Reason for application:

The trustees are committed to assisting applicants in need wherever possible. As the Welfare Fund is a registered charity we cannot allocate funds as an alternative to other legitimate funding sources such as a bank or building society. We recognise that these other sources may not be available to some applicants; therefore we need you to give answers to the following questions providing as much detail as possible.

1. Please provide details of other financial assistance you have sought.

Bank	
Building Society	
Other charities	
Family/ friends	
Other	

2. Please provide details as to what the grant/ loan is needed for.

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3. If a grant/ loan is required for medical grounds or specialist equipment, please provide as much detail as possible including medical reports, Occupational Therapy reports and any other supporting information.

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4. Please provide the amount required.

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Please note that at least two quotes are required for grants above £2000 and one for grants below £2000.

5. Have you contacted the benefits agency to determine your eligibility? Yes/ No (please circle)

Telephone:	0800 882200
Email:	www.direct.gov.uk – benefits adviser

Please note that applications will be returned where there is insufficient information. Please supply monthly figures on the below financial synopsis.

To the best of my knowledge the information provided on this form is true and accurate.

Signed

If you are completing this form on behalf of someone else, please provide your name and contact details below.

Name: Relationship to applicant: Address:
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If completing this form online please double click on the Monthly income/ expenditure table which will then take you to an embedded spreadsheet. This will allow you to enter data into the right hand column.

Monthly Income	
	£
Pay/ Pension (net)	
Partner's Pay/ Pension (net)	
Rent Allowance	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Child Support Agency	
State Benefits	
Contributions – Other household members	
Bank/ Building Society Interest	
Savings	
Monthly expenditure	
	£
Mortgage/ Rent	
Mortgage Protection Policies (no. of Policies)	
Council Tax	
Water Rates	
Gas	
Electricity	
TV Licence	
Car: Insurance	
Car: Tax	
Car: Repayment loan	
Car: Petrol/ Diesel	
Telephone/ SKY/ NTL	
Mobile telephone	
House Contents/ Buildings Insurance	
Other insurances	
Finance Company/ Loan Payments/ HP payments	
Store Cards	
Credit Cards	
Childcare	
Child Support Agency	
Leisure	
Children's clubs activities	
Housekeeping/ Food	
Drinking	
Smoking	
Papers/ Magazines	
Clothes	
Hairdresser's	
Window cleaner	
Gardener	
Holiday's	
Christmas	
Total Income	£ -
Total expenditure	£ -
Balance	£ -

Please return the completed form to the following address:-

Internal emails:- Welfare Mailbox

Postal address:-

FAO Quita Jones
OHWSST,
Southern Support and Training HQ,
Hamble Lane,
Hamble,
Hampshire,
SO31 4TS

(Office use only)

Has the individual had previous welfare loans or grants? Yes/No

If Yes what is the outstanding balance?

How much per month do they usually repay?

Has a previous application been refused? If so give details.

Would a further referral assist?

Employee Support Helpline
Consumer Credit and Counselling service
Payplan
Debtwizard
Unison

What steps has the individual taken to resolve their difficulties?

Disbursements committee outcome: Agreed/ refused

Grant:

Loan:

Repayment details: