APPLICATION FOR ASSISTANCE

Name of Organisation: The Royal Commonwealth-Ex Services League Registered Charity Number 1174874

Surname

Address

(if different

from applicant)

Postcode

Reason for separate address (if applicable)



| | CASE NO: | REF NO: | | | | |
|--|---------------------|--|--|--|--|--|
| 1 Particulars of applicant | NI number | | | | | |
| Surname | First names | | | | | |
| Address | Date of birth | | | | | |
| | *Place of birth | | | | | |
| | *Religion | | | | | |
| Postcode | Single/married/divo | Single/married/divorced/widowed/partner | | | | |
| Telephone | Date of marriage/p | Date of marriage/partnership (if applicable) | | | | |
| How long at this address? Date of divorce/separation (if applicable) | | | | | | |
| Type of accommodation (house, flat etc) Date of spouse/partner died (if applicable) | | | | | | |
| Owner occupier / rented / leased Relation to person in Section 4 | | | | | | |
| Previous address if changed within last 3 ye | ars | | | | | |
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| 2 Particulars of spouse/partner | NI number | | | | | |

First Names

Date of birth

*Religion Telephone

*Place of birth

| *note: a number of charities give only to people born in a certain place; others give specifically to people of a certain |
|---|
| religion |

| 3 Particulars of sons and daughters (including adults) and dependants | | | | |
|---|-----|-------------------------|------------------------------|--|
| Name | Age | Living at home/ away | Relationship to Applicant | Employed/unemployed, or at School/college/university |
| | | | | |
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| 4 Particulars of person on whom e | ligibility is ba | | | | | |
|---|--------------------|--------------------------------|--------------------------------|----------------------|--|--|
| 3 | | | Date of birth | | | |
| Forenames | | | tionship to Applicant | | | |
| Date of death (if applicable) | | Caus | e of death (if applicable) | | | |
| Rank at end of Service | | Servi | ce number | | | |
| Medals/Decorations | | Char | acter on discharge | | | |
| Type of Service (Wartime/Regular/National S | Service/TA/Reser | ve/oth | er | | | |
| Service in operational theatres | | | | | | |
| If POW state country and period | | | | | | |
| Service/Corp/Regiment (includes split Service, with dates: include all Corps/Regiments; for Royal Navy give last ship/establishment, for RAF state Trade) | Date of Enlistmer | | Date of Discharge/ Transfer | Reason for Discharge | | |
| | | | | | | |
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| | | | | | | |
| Verification of Service Have Service det If YES, by what means | ails been verified | ? YES | S/NO | | | |
| | | | | | | |
| 5 If spouse/partner also served | | | | | | |
| Surname when Serving | | | Date of birth | | | |
| Forenames | | Relationship to Applicant | | | | |
| Date of death (if applicable) | | Cause of death (if applicable) | | | | |
| Rank at end of Service | | Service Number | | | | |
| Medals/decorations | | | Character on Discharge | | | |
| Type of Service (Wartime/Regular/National Service/TA/Reserve/other | | | | | | |
| | | | | | | |

| 1 dichames | | relationship to Applicant | | | |
|---|-------------------------|------------------------------------|----------------------|--|--|
| Date of death (if applicable) | | Cause of death (if applicable) | | | |
| Rank at end of Service | | Service Number | | | |
| Medals/decorations | | Character on Discharge | | | |
| Type of Service (Wartime/Regular/National | Service/TA/Reser | ve/other | | | |
| Service in operational theatres | | | | | |
| If POW state country and period | | | | | |
| Service/Corp/Regiment (includes split Service, with dates: include all Corps/Regiments; for Royal Navy give last ship/establishment, for RAF state Trade) | | ent Date of Discharge/ Transfer | Reason for Discharge | | |
| | | | | | |
| Verification of Service Have Service de | tails been verified | ? YES/NO | | | |
| If YES, by what means? | | | | | |

| 6 Details of civilian employment (Even if currently retired or unemployed: this will help with almonisation) | | | | | | |
|--|------------------|----------------------|------|----|-----------------------------------|--|
| | Name of Employer | Nature of Employment | Da | | Union or Trade | |
| | | | From | То | Association, or Types of Business | |
| Applicant's employment | | | | | | |
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| Spouse/partner's Employment | | | | | | |
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| 7 Weekly income and expendi Weekly income | £ Weekly Expenditure | £ | Arrears | Office use |
|---|--|---|---------|------------|
| Earnings | Mortgage | | | |
| Wages/Salary (Applicant) | Second Mortgage | | | |
| Wages/Salary (Spouse/Partner) | Rent (less Housing Benefit – see Section 9) | | | |
| Maintenance/ CSA Receipts | Council Tax (less Council Tax Benefit - see Section 9) | | | |
| Sub-letting, boarders, etc | Gas | | | |
| | Electricity | | | |
| Pensions (Applicant) | Magistrates court fines | | | |
| Service Retirement Pension | Maintenance/CSA payments | | | |
| Service Invalidity Pension % | Water rates/sewage charges | | | |
| Occupational Pensions | Telephone | | | |
| State Retirement Pension | TV/video/satellite/cable | | | |
| War Disablement Pension % | Ground rent/service charges | | | |
| State Widows Pension/Bereavement | Building/contents Insurance | | | |
| Allowance War Widow's Pension/AFFP Pension | Other housing costs | | | |
| vvai vviuow 5 PeriSiOn/AFFP PeriSiOn | Other housing costs | | | |
| | Mortgage endowment policy Life insurance | | | |
| Pancian (chausa/narther) | | | | |
| Pension (spouse/partner) Service Retirement Pension | Other insurance(s) | | | |
| | Other fuel (inc. oil and anlar and | | | |
| Service Invalidity Pension % | Other fuel (inc. oil, coal, calor gas) | | | |
| Occupational Pensions | Pension contributions | | | |
| State Retirement Pension | Housekeeping (inc. food, laundry, cleaning materials, newspapers, pocket money etc.) | | | |
| War Disablement Pension % | Car costs (inc. insurance, MOT, running costs, tax) | | | |
| State Widows Pension/Bereavement Allowance | Travel costs (inc. taxis and buses) | | | |
| War Widow's Pension/AFFP Pension | School meals/meals at work | | | |
| | Clothing | | | |
| State benefits | Prescription/health costs | | | |
| JSA/Income Support (applicant) | Carer/childminder costs | | | |
| JSA/Income Support (spouse/partner) | Liabilities/debts (from section 10 opposite) Other expenditure | | | |
| Disability-related benefits-specify | | | | |
| | | | | |
| Family/child-related benefits-specify | | | | |
| | | | | |
| Other benefits- specify | | | | |
| All other income (e.g. contributions | | | | |
| from other household members) | | | | |
| | | | | |
| TOTAL INCOME | TOTAL EXPENDITURE | | 1 | |

| 8 Savings | s and capital | | | | | | | | £ |
|---------------|--|---------------|------------------|-----------|-------------------|---------|----------------|------------|--------------------|
| | and spouse/partne | r's total sav | vings (inc. cap | oital, in | vestments, bui | lding s | society, banl | () | ~ |
| ''' | | | 3 (1 | , | · | | 3 / | <u> </u> | |
| 9 State B | enefits | | | | | | | | |
| Is the Applic | cant in receipt of Ho | ousing Ber | nefit? | | | | | | YES / NO |
| Is the Applic | cant in receipt of Co | ouncil Tax | Benefit ? | | | | | | YES / NO |
| Are enquire | s about other bene | fits being r | nade? If YES, | , which | benefits? | | | | YES / NO |
| | | | | | | | | | |
| 10 Liahili | ties/debts (incl. | secured lo | ane lineacure | nd loan | s HD trading | agroo | mente loan | e from f | family mambars) |
| Creditors | Date of | 3ecureu 10 | Amount of | ou loan | Weekly | agree | Total arre | | Amount |
| | Purchase | • | Contract | | instalments | | instalmen | ts | outstanding |
| | | | | | | | | | |
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| | | | | | TOTA | ALS | | | |
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| 11 Previo | ous assistance | (from all so | ources includi | ng The | e Royal British I | | | | es Help) |
| Date | Amount | | Fund | | | Natu | ure of assist | ance | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 12 Assist | tance required | | | | | | | | |
| Type of Ass | sistance | | | Estin | nated cost | Con | tribution fror | n client | and family members |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13 Declar | ration | | | | | | | | |
| | hat the information | I have give | en in Sections | : 1-12 i | s. to the best o | of mv k | nowledge. | | |
| correct. | | _ | | | | • | • | | • |
| | on to act on your be isations on your be | | | | | | | | |
| | at any time by writing | | | | | | | | |
| | ealth Ex-Services L | | | | | | | | |
| with my affa | ide my representati airs'. | ve with into | ormation as m | iay be | requested by ti | nem ir | 1 connection | | |
| * How we u | ise your personal | | | | | | | | |
| | to use your persor (GDPR) May 2018. | | | | | al Data | a Protection | | |
| _ | curely stored and us | • | | | | | | | |
| | ared with other chai | ritable orga | anisations and | d comp | anies we work | with to | o provide yo | u | |
| | n assistance ed to monitor and in | nnrove our | services (hu | creatin | in statistics rer | oorte a | and | | |
| eva | aluations, as well as | being auc | lited by us or o | our ap | pointed represe | | | | |
| I agree that | t my personal info | | | | | | | | |
| Signature o | τ applicant | | | | | | | | |
| Signature o | f applicant's spouse | e/partner | | | | | | | |
| | | | | | | | | | |
| | | | | | | | Date: | | |

| 14 Other funds approached (Local, national, occupational etc with amounts requested/promised/received if known) | | | | |
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| 15 Caseworker's Report and Recommendations | <u> </u> | |
| * Caseworkers are reminded of their responsibilities with reg | ards to DATA Protection Act | 1998 |
| * A copy of "Notes for Clients" or equivalent Fair Processing | Notice should be left with the | annlicant |
| 77 dopy or 140tes for elients of equivalent fall 1 100essing | | £ |
| | Amount Required | _ Z |
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| | (c | ontinue on page 6 if necessary) |
| | | similar on page on necessary) |
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| | | |
| Signature of Caseworker | Date | |
| Name in Block Letters | Office held | |
| Title (for correspondence) | | |
| Postal Address | *Branch/Division/Service Co | mmittee |
| 7 00007 1000 | Flag book no/Branch no | |
| | | |
| | Fax | |
| Telephone | e-mail | |
| • | • | |
| Chagues should be made navable to : | (a/a Nama) and sort to: | |
| Cheques should be made payable to : | (a/c ivame) and sent to: | - |
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^{*}delete as necessary

| (Continued from Section 15) | |
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