



BRITISH TRANSPORT POLICE FEDERATION

WELFARE FUND COMMITTEE

Application for Assistance

NAME OF APPLICANT

AREA **REFERENCE**

THIS SECTION IS FOR OFFICE USE ONLY

DATE OF MEETING

RESULT

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.....
.....
.....
.....
.....

FOR REVIEW ON

NOTES:

1. Pages 2 & 3 to be completed by the Applicant and forwarded to the Area Welfare Delegate.
2. Page 4 to be completed by the Area Welfare Delegate

I hereby apply for assistance from the British Transport Police Federation and declare that the particulars given below are full and true in every respect.

Name of Applicant (in full) MR / MRS / MISS

Postal Address

..... Telephone

Date of Birth

* Widow of Employed at

In the rank of *Date retired

*** DELETE IF NOT APPLICABLE**

Part A. Income Particulars of any income to be shown

	SELF	PARTNER
1. State Pension (per week)
2. Police Pension
3. Wages if working or in business (per week)
4. Salary if a serving officer
5. Income from property
6. Interest on Savings / Investments shown
7. Rent / Council Tax
8. Any other Income

Part B. Capital

	SELF	PARTNER
1. Total value of any savings or investments other than National Savings Certificates
2. Total value of any National Savings Certificates

Part C Expenditure

If you are a householder please complete the following:

1. Amount of Rent -----(annual) Amount of Council Tax----- (annual)
 2. Mortgage Repayments (if any) -----
 3. Any other charges (to be described, e.g Water rates, Ground Rent)-----

 4. Details of any other expenditure -----
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Part D General

1. Particulars of Dependants:-

Relationship	Age	Earnings (if any) or other income	Does Dependant reside with you
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-----	-----	-----	-----
-----	-----	-----	-----

2. Particulars of any other residents and amount contributed to the household -----

3. Have you had at any time made application for Supplementary Pension or Allowance to the Department of Works and Pensions

4. If YES, with what result-----

5. Any special features of your circumstances should be briefly stated

(e.g. illness, special expenses, etc) -----

Date ----- Signature-----

INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE BY THE COMMITTEE.

Note – All questions must be answered – please insert the word NONE where applicable.

Comments and Recommendations by the Area Delegate

Signed-----

Date-----

Area-----

Contact Telephone Number-----