**Application for assistance**

**Name of applicant:**

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Miss (delete as applicable) |  |  |

**Area: Reference:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Date of meeting:** |  |  |

**Result:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **For review on:** |  |  |

**NOTES:**

1. Pages 2 and 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 (delete as applicable) |  |  |

**Postal address:**

|  |
| --- |
|  |

**Postcode: Phone number:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Email address:**

|  |
| --- |
|  |

**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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rent:** (annual) |  |  |  | **Council Tax:** (annual) |  |  |

|  |  |  |
| --- | --- | --- |
| **Mortgage repayments:** (if any) |  |  |

**Any other charges:** (to be described i.e. water rates/ground rent/etc

|  |
| --- |
|  |

**Details of any other expenditure:**

|  |
| --- |
|  |

**PART D – GENERAL**

**1. Particulars of dependants:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relationship** |  | **Age** |  | **Earnings (if any) or other income** |  | **Does dependant**  **reside with you?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**2. Particulars of any other residents and amount contributed to household:**

|  |
| --- |
|  |

**3. Have you, at any time, made application to the Department for Work and Pensions for supplementary pension or allowance?** Yes No

**4. If yes, with what result?**

|  |
| --- |
|  |

**5. Please state briefly any special circumstances of your condition:** (illness/special expenses/etc)

|  |
| --- |
|  |

**Signature: Date:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please note: All questions must be answered. Insert the word ‘NONE’ where applicable.

Information will be treated in the strictest confidence by the committee. View our privacy policy at [www.btpolfed.org.uk/privacy](http://www.btpolfed.org.uk/privacy/)

**Comments and recommendations by the Area Delegate:**

|  |
| --- |
|  |

**Signed: Date:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Area: Contact telephone number:**

|  |  |  |
| --- | --- | --- |
|  |  |  |