|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Please complete all sections that apply to you****1. Income & Benefits** | **YOURSELF****£** | **YOUR SPOUSE****/PARTNER****£** |  |
|  |  | **Per Week/Month\*** | **Per Week/Month\*** |  |
|  | **Earned Income (Net of Tax & NI)** | *\*Please indicate weekly or monthly as appropriate* |  |
|  | Wages/Salary |  |  |  |
|  | State Retirement Pension |  |  |  |
|  | State Widow’s Pension/Bereavement All |  |  |  |
|  | Occupational/Private Pension |  |  |  |
|  | War Widow’s/Widower’s Pension |  |  |  |
|  | Retirement Allowance |  |  |  |
|  |  |  |  |  |
|  | **Disability & Carer’s Benefits** |  |  |  |
|  | Disability Living Allowance Mobility |  |  |  |
|  | Disability Living Allowance Care |  |  |  |
|  | PIP Mobility |  |  |  |
|  | PIP Daily Living |  |  |  |
|  | Carer’s Allowance |  |  |  |
|  | Attendance Allowance/ Constant Attendance Allowance |  |  |  |
|  |  |  |  |  |
|  | **Sickness Benefits** |  |  |  |
|  | Employment & Support Allowance Income Based |  |  |  |
|  | Employment & Support Allowance Contribution Based |  |  |  |
|  | Incapacity Benefit |  |  |  |
|  | Severe Disablement Allowance |  |  |  |
|  | Statutory Sick Pay |  |  |  |
|  |  |  |  |  |
|  | **Unemployment and Means Tested Benefits** |  |  |  |
|  | Job Seeker’s Allowance Income Based |  |  |  |
|  | Job Seeker’s Allowance Contribution Based |  |  |  |
|  | Income Support |  |  |  |
|  | Pension Credit |  |  |  |
|  | Housing Benefit |  |  |  |
|  | Working Tax Credit |  |  |  |
|  |  |  |  |  |
|  | **Family and Other Benefits** |  |  |  |
|  | Child Benefit |  |  |  |
|  | Child Tax Credit |  |  |  |
|  | Universal Credit |  |  |  |
|  | Council Tax Reduction |  |  |  |
|  | Any Other Benefit |  |  |  |
|  |  |  |  |  |
|  | **Bereavement Benefits** |  |  |  |
|  | Funeral Expenses Payment |  |  |  |
|  | Bereavement Support Payment |  |  |  |
|  | Bereavement Allowance |  |  |  |
|  |  |  |  |  |
|  | **All Other Income** |  |  |  |
|  | Rental Income from Property You Own |  |  |  |
|  | Income from People Living with You (board/lodgers) |  |  |  |
|  | Maintenance/CSA Receipts |  |  |  |
|  | Other (Please Specify) |  |  |  |
|  |  **Total Income** |  |  |  |
|  |  |  |  |  |
|  |  |
|  | **2. Expenditure** | **£****Per Week/Month\*** | **£****Arrears** |  |
|  |  |  |  |  |
|  | **Housing** |  |  |  |
|  | Mortgage Payments |  |  |  |
|  | **Rent**Is your rent fully met by Housing Benefit? **Yes/No**  **Amount of rent paid by you – (after housing benefit is deducted from your full rent)** |  |  |  |
|  |  |  |  |  |
|  | **Utilities & Household Bills** |  |  |  |
|  | Council Tax (Less Council Tax Benefit If Any) |  |  |  |
|  | Water Rates (Including Rebate) |  |  |  |
|  | Electricity |  |  |  |
|  | Gas/Oil |  |  |  |
|  | Coal/Logs Etc. |  |  |  |
|  | Landline Telephone & Broadband |  |  |  |
|  | Mobile Telephone |  |  |  |
|  | TV Subscriptions (Sky/BT Etc.) |  |  |  |
|  | TV Rental and License |  |  |  |
|  | House Insurance (Buildings & Contents) |  |  |  |
|  | Life Insurance |  |  |  |
|  | Housekeeping (Food/Cleaning Materials Etc.) |  |  |  |
|  | Prescriptions/Healthcare Costs |  |  |  |
|  | Clothing (&Shoes) |  |  |  |
|  |  |  |  |  |
|  | **Childcare & Maintenance** |  |  |  |
|  | Maintenance/CSA Payments |  |  |  |
|  | Carer/Childcare Costs |  |  |  |
|  |  |  |  |  |
|  | **Travel**  |  |  |  |
|  | Bus and or Train Fares Etc. |  |  |  |
|  | Car Expenses (Road Tax; Servicing and Petrol) |  |  |  |
|  | Car Insurance |  |  |  |
|  |  |  |  |  |
|  | **Total of Debt Repayments (From Section 4 Below)** |  |  |  |
|  | Monthly repayment  |  |  |  |
|  |  |  |  |  |
|  | **Other (Please Specify)** |  |  |  |
|  | Other Expenses |  |  |  |
|  | Other Expenses |  |  |  |
|  | Other Expenses |  |  |  |
|  | Other Expenses |  |  |  |
|  | Other Expenses |  |  |  |
|  | **Total Expenditure** |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |
|  | **3. Cash, Savings and Investments** | **YOURSELF****£** | **YOUR SPOUSE****/PARTNER****£** |  |
|  | **How much money do you have in:** |  |  |  |
|  | Bank/Building Society Accounts |  |  |  |
|  | Post Office Accounts |  |  |  |
|  | ISAs |  |  |  |
|  | Investment Properties |  |  |  |
|  | Premium Bonds/Savings Certificates |  |  |  |
|  | Stocks/Shares |  |  |  |
|  | Other Savings/ Investments |  |  |  |
|  |  |  |  |  |
|  | **Total**  |  |  |  |
|  | **4. Liabilities, Loans and Mortgages** |  |
|  | **Name of Creditor/ Mortgage Lender** | **Amount Borrowed****£** | **Weekly/Monthly\* Instalments****£** | **Amount Outstanding****£** | **Amount of Arrears****£** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total Liabilities** |  |  |  |  |  |
|  |  |  |

|  |
| --- |
|  |
|  | **5. Net Income** |  |
|  |  |  |  | **YOURSELF****£** | **YOUR SPOUSE****/PARTNER****£** |  |
|  | 1. **Total Income**
 |  |  |  |
|  |  |  |
|  | 1. **Total Expenditure**
 |  |  |  |
|  |  |  |
|  | **Net Income***[figure from line (a) minus (b)]* |  |  |  |
|  |  |  |
|  | **6. Privacy**  |  |
|  | We will use the information you have supplied on this form to process your application and update the Trustees’ records. Your personal details will not be disclosed by us to any third parties without your consent. You can view our Privacy Policy in full at www.bailythomasprovidentfund.org.uk or you can request to be sent a printed copy. |  |
|  |  |  |
|  | **7. Declaration** |  |
|  | * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true
* I understand that the information I have provided will be used to process this application and to update beneficiary records.
* I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register.
* I agree to the terms of the Privacy Policy (available on our website).
 |  |
|  | Your Signature (applicant) | Date |  |
|  |  |  |
|  | **Your completed form should be returned to:**Baily Thomas Provident Fund, Mansfield Business Centre, Ashfield Avenue, Mansfield, Nottinghamshire, NG18 2AE**If you have any queries, please contact us** Tel: 01623 473290Email: enquiries@bailythomasprovidentfund.org.ukWeb www.bailythomasprovidentfund.org.uk |  |
|  |  |  |  |