

## APPLICATION FOR THE DAPHNE SHIPMAN BENEVOLENT FUND

### APPLICANT INFORMATION

Full name:		
Date of birth:	Marital status:	Phone: Mobile: Landline:
Present age:		
Current address:		
Postcode:		Email address:
Do you own or rent your home?  Own      Rent <i>(Please circle)</i>  If you are a homeowner please give an approximate value for your property and the length of remaining mortgage or the amount of mortgage left to pay:  If you rent, is the property owned by a private landlord or housing association?		Monthly mortgage payment or rent:          How long have you been resident here?

### EMPLOYMENT INFORMATION

Present employment status: Not working/Employed (Full/Part Time)/Self Employed		National insurance number:
Employer's name & address if applicable:		Present income: Hourly rate: <i>or</i> Annual income:
Work phone number:		
Position:	Length of present employment:	
Previous employer if present employment less than 1 year:		
Please include details of any secondary employment/income here:		

### BVNA MEMBERSHIP

Membership Number:	Category of membership:
Length of membership:	Has membership been continuous for this period?      YES/NO If not it would be helpful to provide a reason for this:

### HOUSEHOLD CIRCUMSTANCES

(These are required because of the financial impact they may have on your personal circumstances)

Personal circumstances:	
(Please indicate if you are single/married/divorced/widowed/in a civil partnership/living with a partner)	
Please provide your partner's name if applicable:	If your partner is in paid employment please provide details of their occupation and annual income:

If you have any problems completing this form please contact the BVNA office on 01279 969281  
 Please complete the form and return by email to the Charity Treasurer, Angela Mariconda via [angela@bvna.co.uk](mailto:angela@bvna.co.uk)  
 or by post to; The Daphne Shipman Benevolent Fund, BVNA, Suite 123 Arise Innovation Centre,  
 Maypole Boulevard, Harlow, Essex CM17 9TX

## APPLICATION FOR THE DAPHNE SHIPMAN BENEVOLENT FUND

If you are financially responsible for someone not living in your home please tell us their name, relationship to you and the level of, and reason for, the financial support:

Please provide the names and ages of any dependents and if over 18 whether they are in paid employment –

Name	Age	Relationship to you	Employed/In education/Other	Income if in employment	Financial contribution to household

### APPLICATION FOR FUNDS

Please provide a summary of the reason(s) for making this application to the Daphne Shipman Fund:

*(Any additional information that you wish to include to support your application can be submitted on a separate page)*

Please note that you will be required to provide documentation to support your application. The nature of this will depend upon the circumstances of your application, for example if your application is due to ill health we will need to see evidence of this in the form of a doctor's letter. It is also likely that we may request to see copies of bank statements.

Please indicate the amount of financial aid that you are applying for and how it would be used:

Have you ever made an application to this fund before? YES/NO  
(If yes please provide brief details below):

If applicable, have you sought advice from a debt counsellor? YES/NO  
If yes please provide details below:

### REFERENCES

Please provide the contact details for two referees who would be prepared to support your application.  
They should not be close relatives or work colleagues with the exception of your employer.

Name:	Name:
Postal address:	Postal address:
Email address:	Email address:
Phone:	Phone:

### SIGNATURES

I authorise the verification of the information provided on this form as to my credit and employment.

Please print full name here:

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Signature of applicant:

Date:

### EXPENDITURE – PLEASE INDICATE MONTHLY OUTGOINGS UNLESS SPECIFIED

Household	Applicant	Partner
Mortgage repayments or rent		
House insurance		
Council tax		
Utilities:		
Water/Sewerage		
Electricity		
Gas		
TV license		
TV packages e.g. Sky		
Telephone:		
Landline/Mobile		
Broadband		
Other household expenses		
Average <u>weekly</u> shopping bill		
<b>General</b>		
Medical fees e.g. regular prescriptions		
Veterinary fees		
Life insurance premiums		
Personal pension payments		
Average travel expenses <u>per week</u>		
HP/Credit agreements		
1		
2		
3		
4		
Personal loan repayment		
Credit card repayments		
Clothing		
Other general expenses		
<b>Car</b>		
Finance agreement		
Average fuel bill <u>per week</u>		
General running costs, including MOT/Insurance etc		
Other car expenses		
<b>Total Expenses</b>		

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INCOME		
	Applicant	Partner
Income - Employed		
Income - Self employed		
State pension		
Occupational pension		
Income from other sources:		
Income from lodgers/boarders		
Regular financial support from relatives		
Dividends/interest from investments or savings		
Benefits:		
Unemployment benefit		
Sickness benefit		
Child benefit		
Housing benefit		
Attendance allowance		
Mobility allowance		
Other state benefits – please give details		
Other income e.g. grants bursaries or lump sums – please provide details		
<b>Total Income</b>		
<b>Assets</b>		
Value of property owned by self or partner		
Outstanding balance in current account		
Outstanding balance in savings account(s)		
Other assets – please provide details		
<b>Total Assets</b>		
<b>Financial Liabilities</b>		
Outstanding mortgage		
Outstanding loans		
Credit card balances		
Outstanding hire purchase agreements		
Other liabilities and/or debts – please provide details		
<b>Total Liabilities</b>		

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