

Part A	Personal Details - plea	se complete in all circumstances		
Title:	Surname:			
First names (in full):				
Date of birth (day/month/		National Insurance number (e.g. AA000000A):		
Address:				
	Postal Code or ZIP Code:	Country:		
Marital status:				
Do you have any dependent children? ('YES' or 'NO'):				
If YES', please confirm their ages:				
Current occupation:				
If you're unemployed, please state the date on which you became unemployed:				
Name of employer (if applicable):				
Employer's address (if applicable):				

Please let us know the type and amount of state benefits you receive:		o you, simp
Weekly benefit amount (£)	What's your gross monthly pay? (£)	Wha mor
You Spouse or partner		
State Pension	do you work on ov	hat's your /ertime ra
Income Support	average per month? pa	ıy? (£)
Incapacity Benefit Carers Allowance	Do you receive any other income? For example, dividends (YES/NO)	
Other	If 'YES', please give details of this other income	
If you chose 'Other', please give details:	Gross income per month for your other income:	Net mor inco
	Does your spouse or partner work? (YES/ NO)	
If any deductions are made from your weekly benefit or allowance, please tell us how much is deducted and what the deductions are for:	Gross amount per month for your spouse or partner's income:	Net moi spo incc

nplete in all circumstances mply mark it as not applicable (N/A)

Vhat's your **net** nonthly pay? (£)

ur rate of Gross:

Net:

let income per nonth for your other ncome:

let amount per nonth for your pouse or partner's ncome:

Part D

Property - please complete in all circumstances

Do you own or rent your property?

How much are your mortgage or rent payments per month?

Please provide details of your mortgage (if applicable):

Amount borrowed (£):

Amount still owing (£):

Current value of property(£)

How much Council Tax do you pay per year? (£)

Do you or your partner own any other property? (YES/NO)

If 'YES', please give details:

Part E Bank Details & Savings - please complete in all circumstances If you have more than one account please makes copies of this section Please provide your bank details: Bank/Building Society: All names on the account: Sort Code: Current balance (£): Account Number: Please provide details of any savings accounts you have: Bank/Building Society: All names on the account: Current balance (£): Sort Code: Account Number: Do you have any other savings or investments? (YES/NO) If 'YES', please give details:

Does anyone owe you money? (YES/NO)

If 'YES', please give details:

Part F Pension income - please co	omplete in all circumstances	Part G Other income and expenditure	
Please provide details of any company pension	ions, personal pensions or annuities.	If you own a car, please provide the following detai	
You		Vehicle make and model	
Name of pension provider	Monthly amount received (£)	Registration number:	
1.		Is the vehicle subject to a current Hire Purchase agreement? (YES/NO)	
2.		If 'YES', please give details:	
3.		uetans.	
4.		Are there any Court Orders against you? (YES/NO)	
Your spouse or partner		If 'YES', please provide details and the Court Order number:	
Name of pension provider	Monthly amount received (£)		
1.			
2.		Do you owe anyone else any money? (YES/NO)	
3.		If 'YES', please give details:	
4.			

- please complete in all circumstances

tails:

Year of registration:

Part H

Monthly expenditure - please complete in all circumstances

Please provide details of your monthly expenditure (£):

Rent/mortgage:

Council Tax:

Gas:

Electricity:

Water charges:

TV Licence & other TV costs (e.g. Sky)

Housekeeping (food/school meals):

Maintenance payments:

Travel expenses (including petrol):

Telephone/internet:

Insurance (please specify below):

Insurance details (please provide the type of insurance and annual cost):

HP, credit card & loan repayments:

Other expenses (please specify below):

Other expenses details (please specify expense type and annual cost):

TOTAL (monthly)

Part I	Please include copies (or scans) of Please don't send us originals (if posting
Tick to indi	cate which of the documents are enclosed
	Bank statements (last 4 months)
	Credit card statements (last 4 month
	Savings account statement(s) (must the last 6 months of previous activit
	Rent statement (latest) if applicable
	Mortgage statement (latest) if applic
	Loan statements (last 4 months) if a
	Gas (bills covering the last 12 month
	Electricity (bills covering the last 12
	Water (annual statement)
	Telephone/internet (last 2 bills)
	If you're including any other decum
	If you're including any other docume claim, please list the documents her

Tick here

hs)

t show at least y)

cable

applicable

hs)

months)

entation to support your e:

If you wish to use post, please sign and date the form and return to the following address: Financial Assistance Scheme, PO Box 287, Wymondham, NR18 8EZ

Alternatively, you can send us scans of this form and documentary evidence via our 'Send us a document' facility which is available in the 'Communications' menu when logged in to the Financial Assistance Scheme member website.

If any of the above evidence, that is applicable, isn't returned with this form (including the appropriate documents), we won't be able to consider your request.

I certify that the information I've provided is correct and complete to the best of my knowledge.

Signature:	
Name:	
Date:	

For more information on how we use your data, please visit our website at: www.fasmembers.org.uk/PrivacyPolicy