

Industrial & Provident Society – 16946R Faulkner House, 31 West Street, Wimborne, BH21 1JS

## THE FAULKNER FUND APPLICATION/REAPPLICATION FOR ASSISTANCE

Please complete this form in BLOCK CAPITALS and using BLACK INK.

Any applications made that are not clearly written will not be considered.

All required questions should be answered in full to enable the Faulkner Fund Panel to assess the degree of need and the amount of grant, for the support of the applicant.

Tenant Applicants are requested to answer all questions

Staff Applicants are requested to answer sections 1, 2, 6, 7 & 8

For Office Use

2.	Children	(Tenant and Staff applications)

(a) Particulars of dependant children:-

Name	Age	School or other place of education	Fees per term £	Annual amount of grants or other assistance received £

	(b) Details of	help alrea	ndy given by Fa	aulkner Fund				
3.	Financial Stat	ement:- <i>(</i>	Tenant only)					
	(a) Income ( <b>t</b>	<b>efore</b> ded	luction of tax)	from all sources	(please	e give ann	ual figi	ures)
						During 12 mon £		Estimated for Next 12 months
Δnnli	rant's earnings							

	12 months	Next 12 months
	£	£
Applicant's earnings		
Wife/Partner's Income		
Dividends and Interest		
Retirement Pension from previous employer		
State Pension		
Widow's Pension or Widowed Mother's Allowance		
Family Allowance(s)		
Social Security benefits: Please List		
Support contributions from children		
Education Awards		
Other Charities awards		
Other sources of income – if any (please specify)		
£		

## (b) Expenditure

		During last 12 months	Estimated for Next 12 months
		£	£
Rent (after deduction of rebate			
Council Tax (after deduction of discount)			
Water Charges			
Mortgage Interest and Repayments			
Loan Interest and Repayments			
Insurance Premiums (other than for car)			
Heating and Lighting			
Hire Purchase Payments			
Food and Housekooping			
Food and Housekeeping			
Clothing – Applicant			
Wife/Partner's			
Children			
School Fees (including extras)			
Travel (essential, not holiday)			
Income Tax			
National Health Insurance			
Telephone			
TV Rental / License			
Car running expenses (including insurance			
Other necessary expenses: Please specify	-		
, , , , , , , , , , , , , , , , , , , ,		£	
4. Financial Assets (Tenant only)			
Timaricial Assets (Tenant Striy)			
Balance in Bank Account(s)			
Palance in Building Society Account	(c)		
Balance in Building Society Account	(5)		
Balance in National Saving's Bank			
Balance in other savings			
D. II. 67			
Details of Investments (a separate statement			
Description of Stock / Unit Trust etc	Nominal Value	Market Value	Net Income
	£	£	per annum

Life I		unt of cover £red value £	on life of	(name)
Any o			)£	
5.	Comprehensiv	ve list of all outstanding	debts <i>(Tenant only)</i>	
Morto	iade – amolin	t outstanding		
Mortg				
	s (give full detai	ils of how secured)		
Dalik	overurans			
Unpai	d accounts (ite	mise below)		
		Rent		
				••
	·	Ottlet	Total Liabilities	s £
6.	(Tenant and S	Staff applications)	es or professional bodies, with resul	······································
7.	,	ormation relating to your Staff applications)	application may be included here,	or in a separate letter
8.		information is true and a Staff applications)	accurate at the time of submission.	
	Signed		Date	

<u>Recommendation</u>
We, the undersigned members of the Faulkner Fund Panel, recommend that, in the light of the
enclosed statement of the applicant's application, a grant of £
be made to be used for the following purpose(s)

Purchase Item? Details of requirement.

Money? - Cash - BAC's (Sort code/Account no)

- Vouchers

- Cheque (made payable to)

DATE	SIGNED	NAME	DESTINATION

There must be three signatures from The Faulkner Fund Panel