

# Hampshire Constabulary Welfare Fund

## Loan and grant application form

Name: \_\_\_\_\_

Collar No (for serving officers and staff): \_\_\_\_\_

Address:

Telephone number: is it ok to leave messages?

Work \_\_\_\_\_ Yes/ No

Home \_\_\_\_\_ Yes/ No

Mobile \_\_\_\_\_ Yes/ No

Home Email address \_\_\_\_\_

Your date of birth \_\_\_\_\_

If you have any dependants please include their dates of birth and also whether they are residing with you.

Dependant's D.O.B \_\_\_\_\_ Resident with applicant Yes/ No

Dependant's D.O.B \_\_\_\_\_ Resident with applicant Yes/ No

Dependant's D.O.B \_\_\_\_\_ Resident with applicant Yes/ No

Dependant's D.O.B \_\_\_\_\_ Resident with applicant Yes/ No

Date of application: \_\_\_\_\_

Are you a member of the welfare fund?: Yes/ No

Have you made a previous application to the welfare fund?: Yes/ No

Are you a..... Police Officer/ Police Staff/ Retired Officer/widow/  
widower/ dependant (Please circle)

Serving Police Officers and staff, please provide details of length of  
service: Years \_\_\_\_\_ Months \_\_\_\_\_

**Reason for application:**

The trustees are committed to assisting applicants in need wherever possible. As the Welfare Fund is a registered charity we cannot allocate funds as an alternative to other legitimate funding sources such as a bank or building society. We recognise that these other sources may not be available to some applicants; therefore we need you to give answers to the following questions providing as much detail as possible.

1. Please provide details of other financial assistance you have sought.

|                         |  |
|-------------------------|--|
| <b>Bank</b>             |  |
| <b>Building Society</b> |  |
| <b>Other charities</b>  |  |
| <b>Family/ friends</b>  |  |
| <b>Other</b>            |  |

2. Please provide details as to what the grant/ loan is needed for.

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

**3. If a grant/ loan is required for medical grounds or specialist equipment, please provide as much detail as possible including medical reports, Occupational Therapy reports and any other supporting information.**

|  |
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|  |
|--|

**4. Please provide the amount required.**

|  |
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|  |
|--|

Please note that at least two quotes are required for grants above £2000 and one for grants below £2000.

**5. Have you contacted the benefits agency to determine your eligibility? Yes/ No (please circle)**

|                   |   |
|-------------------|---|
| <b>Telephone:</b> | <b>0800 882200</b>  |
| <b>Email:</b>     | <a href="http://www.direct.gov.uk">www.direct.gov.uk</a> – benefits adviser |

**Please note that applications will be returned where there is insufficient information. Please supply monthly figures on the below financial synopsis.**

**To the best of my knowledge the information provided on this form is true and accurate.**

**Signed**

**If you are completing this form on behalf of someone else, please provide your name and contact details below.**

|  |
|--|
| <b>Name:</b><br><b>Relationship to applicant:</b><br><b>Address:</b> |
|--|

**If completing this form online please double click on the Monthly income/ expenditure table which will then take you to an embedded spreadsheet. This will allow you to enter data into the right hand column.**

|  |     |
|--|-----|
| <b>Monthly Income</b>                          |     |
|  | £   |
| Pay/ Pension (net)                             |     |
| Partner's Pay/ Pension (net)                   |     |
| Rent Allowance                                 |     |
| Child Benefit                                  |     |
| Child Tax Credit                               |     |
| Working Tax Credit                             |     |
| Child Support Agency                           |     |
| State Benefits                                 |     |
| Contributions – Other household members        |     |
| Bank/ Building Society Interest                |     |
| Savings  |     |
|  |     |
| <b>Monthly expenditure</b>                     |     |
|  | £   |
| Mortgage/ Rent                                 |     |
| Mortgage Protection Policies (no. of Policies) |     |
| Council Tax                                    |     |
| Water Rates                                    |     |
| Gas  |     |
| Electricity                                    |     |
| TV Licence                                     |     |
| Car: Insurance                                 |     |
| Car: Tax                                       |     |
| Car: Repayment loan                            |     |
| Car: Petrol/ Diesel                            |     |
| Telephone/ SKY/ NTL                            |     |
| Mobile telephone                               |     |
| House Contents/ Buildings Insurance            |     |
| Other insurances                               |     |
| Finance Company/ Loan Payments/ HP payments    |     |
| Store Cards                                    |     |
| Credit Cards                                   |     |
| Childcare                                      |     |
| Child Support Agency                           |     |
| Leisure  |     |
| Children's clubs activities                    |     |
| Housekeeping/ Food                             |     |
| Drinking                                       |     |
| Smoking  |     |
| Papers/ Magazines                              |     |
| Clothes  |     |
| Hairdresser's                                  |     |
| Window cleaner                                 |     |
| Gardener                                       |     |
| Holiday's                                      |     |
| Christmas                                      |     |
|  |     |
| <b>Total Income</b>                            | £ - |
|  |     |
| <b>Total expenditure</b>                       | £ - |
|  |     |
| <b>Balance</b>                                 | £ - |

**Please return the completed form to the following address:-**

**Internal emails:- Welfare Mailbox**

**Postal address:-**

FAO Quita Jones  
OHWSST,  
Southern Support and Training HQ,  
Hamble Lane,  
Hamble,  
Hampshire,  
SO31 4TS

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**(Office use only)**

Has the individual had previous welfare loans or grants?      Yes/No

If Yes what is the outstanding balance?

How much per month do they usually repay?

Has a previous application been refused? If so give details.

Would a further referral assist?

Employee Support Helpline  
Consumer Credit and Counselling service  
Payplan  
Debtwizard  
Unison

What steps has the individual taken to resolve their difficulties?

**Disbursements committee outcome:**      Agreed/ refused

Grant:

Loan:

Repayment details: