



Application form for Grant/Loan

Personal Information

Name:			
Home address:			
Email:			
Postcode:			
Tel No. (home):		Tel No. (work):	
Mobile:		Date of Birth:	
Spouse/Partner (please tick):		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
No. of dependent children:			
Occupation:		Full Time: <input type="checkbox"/>	Part-Time: <input type="checkbox"/>
Staff/Collar ID:			
Place of employment or date retired:			
No. of years' service:			

Household Income **Per Month** (This should include all income of spouse/partner)

Monthly Salary (net):	£
Spouse/Partner (net):	£
Income Support:	£
Child Benefit:	£
Pension:	£
Injury Award:	£
Industrial Injuries:	£
Other DSS Benefits (and source):	£
Income from lodgers/adult children etc:	£
Other Income (net):	£
Source of Other Income:	
Total Income (net):	£

Assets

Assets - Value		Assets - Value	
House:	£	Premium Bonds:	£
Outstanding Mortgage:	£	Police Credit Union:	£
Other Properties:	£	Other Assets (specify):	£
Motor Vehicles:	£		£
Savings - Banks:	£		£
Building Societies:	£	Total Assets:	£



Expenditure Figures **Per Month**

Essential

Mortgage/Rent:	£
Ground Rent:	£
Gas/Electric:	£
Council Tax:	£
Water Rates:	£
Any Arrears:	£
Loans Secured against your property:	£
Other (specify):	£

Priority

Child Maintenance:	£
Car Loan:	£
Buildings/Contents Insurance:	£
School Meals:	£
Child Care:	£
Other (specify):	£

Phone/Digital Services

Broadband:	£
Landline:	£
Mobile Phones:	£
Digital TV:	£
Other (specify):	£

Travel

Petrol:	£
Car Insurance:	£
Car Tax:	£
Bus Fares:	£
MOT/Car Maintenance:	£
Other (specify):	£

Household

Food/Housekeeping:	£
House Maintenance:	£
TV Licence:	£
Other (specify):	£

General

Optical:	£
Medical Prescriptions:	£
Dentist:	£
Hairdressing:	£
Clothing:	£
Life Insurance:	£
Health Insurance: (not already deducted at source)	£
Pet Insurance	£
Gym/Golf Membership:	£
Warranties:	£
Other Insurances eg. Boiler/Drain Cover etc:	£
Endowment Policies:	£
Rainy Day Fund:	£
Other:	£

Total Monthly Expenditure: £





Unsecured Debts

In this section you need to include details of all unsecured creditors, including names, addresses, account numbers, total debt, monthly payments and account holders name.

Unsecured creditors include credit cards, store cards, loans, overdrafts and catalogues.

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

Name & Address of Creditor	Account No.	Outstanding Amount	Name of Borrower
.....	£
.....		Monthly Payments: £	

(Attach separate sheets if you need to)

Total Debt: £

Total Debt Monthly Payment: £





Reason for Application (Attach separate sheets if you need to)

Details of any previous Benevolent Fund Assistance (office use only)

Signature:

Date:

Please return this form to: West Midlands Police
Benevolent Fund, Guardians House, 2111 Coventry
Road, Sheldon, Birmingham B26 3EA.

info@wmpben.co.uk | Tel: 0121 700 1212

