



National Federation of Occupational Pensioners Welfare Fund

Email: info@nfop.org.uk **Web:** www.nfop.org.uk/about-us/welfare-fund

APPLICATION FOR ASSISTANCE

1. Applicant										
Title:	NFOP Membership No.:									
Forename(s):	Date of Birth (DD/MM/YYYY):					/		/		
Surname:	BT / RM Pension Number (if applicable) please use boxes below:									
Address:										
Postcode:	Telephone No:					Mobile No:				
Email:										
Preferred point of contact if different from above:										
Address:	Reason for different contact address:									
Postcode:										
1.a Details of Employment or Forces Service										
Name of Employer/Service:	Type of Business:	Dates From/To:			Position					
Reason for Retirement e.g. Age , Medical										
<p>.....</p> <p>.....</p> <p>.....</p>										
1.b Status:										
Single <input type="checkbox"/> Married/Partner <input type="checkbox"/> Widowed <input type="checkbox"/>										
2. Applicant's Spouse/Partner										
Title:	NFOP Membership No.:									
Forename(s):	Date of Birth (DD/MM/YYYY):					/		/		
Surname:										
Contact Details - If different from Applicant										
Address:	Telephone No:					Mobile No:				
Postcode:										
Email:										

2. a Spouse/Partner - Details of Employment or Forces Service

Name of Employer/Service:	Type of Business:	Dates From/To:	Position

Reason for Retirement e.g. Age, Medical

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3. Other Adults and Dependents (living at the address)

Name:	Date of Birth	Relationship to Applicant	Employed or Unemployed or Retired	Monthly Income/benefits
				£
				£
				£
				£

4. Financial Information

Accommodation

Owned Out Right

Mortgage/Equity Release Amount £ Monthly Repayment £

Rented Monthly Rent £

Sheltered Monthly Rent £

Care Home Monthly Fees £

Savings & Investments

	Amount
ISA's	£
NSI	£
Premium Bonds	£
Shares	£
Bonds	£
Other	£

Borrowings:

	Outstanding	Monthly Repayment
Mortgage	£	£
Car finance	£	£
Personal Loans	£	£
Credit/Store Cards	£	£
Overdraft	£	£

4.a Detail of Income and Expenditure			
Monthly Income (£)	Applicant (A)	Spouse or partner (B)	Combined (C) = A + B
Occupational pension (work pension)			
State pension			
Benefits:			
Pension Credit (guarantee credit)			
Pension Credit (savings credit)			
Incapacity Benefit			
Mobility Allowance			
Attendance Allowance			
Rent Allowance			
Other State Benefits			
Income from Savings & Investments			
Contribution from other household occupants			
Total Income (£)			
Monthly Expenditure (£)	(D)	(E)	(F) = D + E
Mortgage/Rent/Care Home Fees			
Home Care Costs			
Credit Cards			
Other Borrowing			
Council Tax (less benefit)			
Water & Sewage			
Heating & Lighting			
Insurance Policies			
Housekeeping			
Total Expenditure (£)			
Monthly Net Position (income minus expenditure) (C - F): £ _____			

Please provide copies of the following items with your application:-
<ul style="list-style-type: none"> • Three months bank statements • Benefits statement • Evidence of rent or care home fees payable

5. Help Required: (Please note cheques will normally be made payable direct to the services or goods provider)
The NFOP Welfare Fund does not provide debt repayments or consolidation

N.B. Please continue onto a second sheet if necessary.

Other Organisations Being Approached to Provide Assistance (please tick all appropriate options below):

Rowland Hill Fund BT Benevolent Fund SSAFA British Legion Other (please detail below)

Details of other organisations:

I agree to information given on this form being passed to the Rowland Hill Fund (Post Office pensioners), the BT Benevolent Fund (BT Pensioners), or military charities (for those applicants who had military service) so that these funds may also be approached for financial assistance if appropriate (please tick). Yes No

I confirm that the information provided in this application is complete and correct to the best of my knowledge and belief. I understand that if any information is found to be incorrect after a grant has been offered but before the goods or services have been paid for and supplied the grant will be withdrawn.

Signature Date
(DD/MM/YYYY)

Print Name

Relationship to applicant (if not signed by the applicant):

PLEASE NOTE:

To qualify for a grant 12 months continuous membership of NFOP is required

Goods will normally be provided by our preferred supplier. Where the item(s) require(s) installation and the existing item(s) removed this will be arranged as part of the agreement.

If goods cannot be installed safely in line with current legal requirements the offer may be withdrawn and any orders cancelled, with the decision made at the discretion of the NFOP Welfare Committee.

PLEASE RETURN TO:

The Welfare Secretary, The NFOP Welfare Fund, Unit 6, Imperial Court, Laporte Way, Luton, LU4 8FE

The NFOP privacy policy can be viewed at www.nfop.org.uk/privacy or available on request from NFOP Headquarters.

Office use only **Date Joined NFOP**

Registered Charity Number: 1053576. **Registered Address:** Unit 6, Imperial Court, Laporte Way, Luton, LU4 8FE