



ABTA LifeLine is ABTA's own welfare charity providing financial assistance to those in need who are working or have worked for an ABTA Member, and their family and dependants.

Completing the application form

The questions in this form are intended to give us an accurate picture of your present circumstances, so it's very important that you answer them all.

- Please complete the form clearly, using black ink.
- If there isn't enough space to answer a question, or if you think that additional information will help, please attach a separate sheet of paper.
- If a question doesn't apply to you, please write N/A rather than leaving the answer blank.

You should aim to demonstrate that you are in need, financially or otherwise.

Confidentiality

The information you provide will remain confidential as will the Trustees' decision.

About you and your family

1. About you

Your full name: _____ Date of birth: / /

Married Civil partnership Single Widowed Divorced Separated Other

Your current address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____ Preferred contact: _____

State of health: _____

2. About your spouse/partner

Full name: _____ Date of birth: / /

State of health _____

3. About your dependants

Name: _____ Date of birth: / /

Name: _____ Date of birth: / /

Name: _____ Date of birth: / /

4. Employment by an ABTA Member

If you are/were directly employed either in the UK or overseas, please provide details.
If you personally are/were not the employee, please give details of the person who was employed.

Name: _____

Relationship: _____

Name of ABTA Member: _____ Date joined: / / Date left: / /

Job function: _____

Name of ABTA Member: _____ Date joined: / / Date left: / /

Job function: _____

Name of ABTA Member: _____ Date joined: / / Date left: / /

Job function: _____

5. Other employment

There are more than 300 occupational benevolent funds in the UK. If we cannot help, there may be another fund that can. Please give details of current or previous employment of you and your spouse/partner.

6. Assistance required

We want to be as helpful as possible so it will assist us in reaching a decision if you can describe in your own words what your request is about, how it will benefit you and also how much it will cost. Please include all the facts which you believe support your application. If necessary, continue on a separate piece of paper. Ensure that you have two estimates for all the costs involved and provide copies of these with your application.

What help do you need and how will this benefit you?

How much will this help cost?

If you are seeking help towards the cost of a wheelchair or mobility scooter, please provide us with an assessment from an occupational therapist, or similarly professionally qualified person to confirm that the equipment chosen is suitable for your needs and obtain an estimate from them for the equipment you require.

About your finances

7. Property

Type of accommodation: House Flat Owner occupier Rented Other

If owner occupier, please complete below. Otherwise go to the next section.

Date of purchase:

Approximate estimated value: £

If you have a mortgage, please tell us:

The approximate outstanding balance: £

Number of years to run:

The current interest rate: %

The name of the bank or building society:

8. Savings and other assets

	You	Spouse/Partner
Current account balances	£	£
Savings/deposit accounts/premium bonds/ISAs etc.	£	£
Shares	£	£
Other savings/significant assets (e.g. vehicles)	£	£

Your monthly income and expenditure

Please help us to establish the balance between your monthly income from all sources and all your monthly living costs.

When stating your income, if any is taxed (e.g. salary, pension or interest on savings), please state the net amount you receive. If any of the following sources of income do not apply, please put N/A against them. Where available, please send documents to verify the figures provided.

9. Monthly income

	You	Spouse/Partner
Net salary	£	£
State pension	£	£
Company pension	£	£
Widow's pension	£	£
Pension credits	£	£
Child tax credits	£	£
Working tax credits	£	£
Child benefit	£	£
Child maintenance	£	£
Housing benefit	£	£
Council tax	£	£
Job seeker's allowances	£	£
Income support	£	£
Disability living allowance (care)	£	£
Disability living allowance (mobility)	£	£
Carer's allowance	£	£
Attendance allowance	£	£
Help from social services towards nursing home fees	£	£
Any other state benefits	£	£
Income from charities	£	£
Any other income or earnings	£	£
Total	£	£

10. Monthly expenditure

	£ per month
Mortgage	
Rent	
If living with friends or relatives, amount you contribute	
Lodgings, care home or nursing home, etc.	
Council tax	
Water rates	
Ground rent or service charge	
Gas	
Electricity	
Insurance policy premiums (household, contents, health etc.)	
Life insurance and pension	
Telephone (include mobile and internet)	
TV (rental, licence and any related subscriptions)	
Motoring (insurance, petrol, servicing, tax, MOT)	
Food and other housekeeping expenses	
Clothing	
Leisure expenses (holidays etc.)	
Debt repayments (see item 13)	
Post marital maintenance	
School fees	
Prescriptions and health costs	
Child minding	
Any other significant expenditure	
Total	

11. Summary

My/our total monthly income is:	£
My/our total monthly outgoings are:	£
Difference is:	£
In addition I/we are in arrears and owe:	£

12. Financial assistance from family members

Do you/will you receive financial support from your family? If so please give details of who helps you and state how much they are able to contribute.

13. Debts

If you have borrowed money for any purpose, please give details. Borrowing includes mortgages, bank loans, credit card and store card repayments, hire purchase agreements, and overdrafts. If you are in arrears with any items, please enter the amount in the last column.

Name of creditor	Purpose of loan	Total amount borrowed	Agreed monthly repayments	Total amount outstanding	Arrears

14. Citizens advice

Have you been to the Citizens Advice Bureau (CAB) for debt advice: Yes No

What was the outcome?

15. Other charities/organisations that you have applied to for assistance

If you have applied elsewhere for assistance, please state where and the result of your application.

Please tick if you allow us to confer, in confidence, with other charities or organisations to seek help on your behalf. We will only do this if we consider this to be to your advantage.

Data protection

The personal data you provide in this form will be used for administration, statistical or other purposes connected with our grant giving. We will not disclose information to any third party without your consent.

Declaration

I declare that I have answered all the questions on this form fully and truthfully, to the best of my knowledge and that I have given a true account of my/our present financial situation. I also understand that I may be required to provide documentary evidence to support the information I have given.

Signature of applicant: _____

Date: _____

Please make sure that you enclose the following with your application if appropriate:

- Documentation to confirm you work or worked for an ABTA Member, if you have this
- Bank or building society statement - most recent full monthly statement
(Please black out your account details.)
- Payslip or pension advice – most recent
- Confirmation of the benefits you receive (e.g. official letters, bank statements)
- Confirmation of your liabilities and debts (e.g. a CAB financial statement summary)
- If you are in arrears, copies of outstanding bills or statements
- If the help that you're seeking involves, for example, the purchase of equipment, or repairs or alterations to accommodation, please enclose copies of two estimates for the work /goods required

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For internal use only

Reference no:

Date received.

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Thank you.

Please send this form to:

ABTA LifeLine
30 Park Street
London SE1 9EQ

lifeline@abtalifeline.org.uk

