Financial Assistance: UK application



Your details

Surname:		Mr/Mrs/Miss//Ms/Other (please state):	
First name(s):		Nationality:	
Address:		Date of birth:	
		ICE Membership Numb	er:
		Status:	
Postcode:	Country:	☐ Married ☐ Single	□ Widowed
Telephone No:		☐ Divorced ☐ Separ	ated Co-habiting
Email address:			
If you are not a member	of ICE please state you	r relationship to the memb	per
Your family ☐ Spouse ☐ Partner	Name:	Date of bir	th:
Children under 18 ye			
Name:	Date of birth:	Live at home:	Full-time education:
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
Other household me	ember(s)		
Name:	Date of birth:	Live at home:	Full-time education:
		☐ Yes ☐ No	☐ Yes ☐ No
Please state relationship	O		

Private & Confidential



Reason for applying	
Please give a brief reason why you are applying to the ICE Benevol	ent Fund:
Do you or your partner own or drive a car? ☐ Yes ☐ No	
bo you or your partitler own or drive a car:	
Expenses	
Please give all financial information as monthly amounts.	
Living expenses	Monthly
Mortgage:	
Rent:	
Council Tax:	
Water rates:	
Endowment premium (supporting mortgage)	
Residential / Care Home fees	
Other endowment premium	
Other essential expenditure	
Details:	Value:

Private & Confidential

Earned income



Partner/Spouse

Income

Please give all financial information as monthly amounts.

		·
Net earned income:		
All other income e.g. investment and savings in	terest:	
Net earned income - Other household members	S:	
Pension income	Self	Partner/Spouse
Occupational pension 1:		
Occupational pension 2:		
Occupational pension 3:		
Annuity:		
Other private pensions:		
Please give the weekly amounts for all S	tate Benefits:	
	Self	Partner/Spouse
Income Support:		
Universal Credit:		
Job Seekers Allowance:		
Employment & Support Allowance:		
Pension Credit:		
DWP State Retirement Pension:		
Child Tax Credit:		
Working Tax Credit:		
Widows Benefit:		
Personal Independence Payment Care:		
Personal Independence Payment Mobility:		
Disability Living Allowance Care:		
Disability Living Allowance Mobility:		
Attendance Allowance:		
Housing Benefit / Mortgage Support:		
Council Tax Support:		

Self



Private & Confidential

		Self	Partner / Spouse
Child Benefit:			
Carer's Allowance:		_	
Assets			
What type of prope	rty do you own?		
For example - house, f		Current	value of the property
Main property (home):			
Please give balance	es in:		
	Self	Partner/Spouse	Investment type
Bank current:			
Bank savings:		_	
Other bank account:		_	
Other bank account:		_	
Other bank account:		_	
Building society:			
Other savings			
Post Office:			_
National Savings/Bond	ds:		
Premium Bonds:			_
Investments - Curre	ent values		
Investment type	Self	Partner/Spouse	
ISA:		_	
Lisa:		_	_
Stocks & shares:		_	
Other:			



Liabilities

Please list everything	you owe including c	redit card balances, loans	s, credit agreements.		
Mortgage outstanding	:	Mortgage end date:			
Creditor:	Outs	tanding balance:	Monthly repayment:		
How did you ICE Benevol	ent Fund?				
☐ Ben Fund email	Ben Fund newsletter	☐ Ben Fund website	☐ Ben Fund letter		
☐ Google search	☐ ICE email	☐ ICE newsletter	☐ ICE letter		
☐ NCE article	□ NCE website	☐ Other	☐ ICE website		
Are you a member of	f any other Institution	on?			
☐ Yes ☐ No	If yes, please stat	e which:			



Declaration

Are you or anyone in your household:		
Currently receiving, or have received in the past, another Benevolent Fund or other charity?	any assistance from	□ Yes □ No
Currently applying, or intending to apply to anoth or other charity?	er Benevolent Fund	□ Yes □ No
If the answer to either of these questions is yes, p	lease give details belov	V:
I confirm that all the questions on this forn the best of my ability and that all income a will inform the ICE Benevolent Fund immed my circumstances.	nd assets have beer	n declared. I
Privacy Policy statement:		
I have read and understood the ICE Benevolent F I give my permission for information supplied by m indicated in the policy and for my personal informations. Benevolent Fund local visitor as appropriate.	ne to be stored and prod	
If you have any further information that you have replease add it below. Feel free to add extra pages in	•	submit on this form,
Signed:	Nate:	

When completed please return to:

t: +44 (0) 1444 417 979
Haywards Heath info@icebenfund.com icebenfund.com

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