



# Financial Assistance Application Form | Form B

CONFIDENTIAL WHEN COMPLETED

This application is for one-off financial assistance totalling less than £700. This application cannot be used to seek assistance with non-priority debts, legal costs, property adaptations, care costs or assistance with care or mobility equipment. Other forms of assistance can be accessed by calling **023 9266 0296**.

## Section 1 - Applicant and household details

Forename

Surname

Address

Postcode

Contact number

Email

Date of birth

Relationship to the person who served in the Royal Navy

Have you had previous assistance from the RNBT?

### Household details - please provide details of anyone else resident in your household:

Relationship to applicant

Employed / Unemployed / Education / Full time carer

Date of birth

### Accommodation type - Please select:

Owned/Mortgage

Shared ownership

Rented local authority/Housing association

Rented private

**Other assistance - please give us details of any other charities or statutory sources of help you have approached and the help they have provided you (e.g. local council, Citizens Advice, StepChange etc):**

## Section 2 - RN/RM service details

Please provide the details of the individual who served in the RN, Royal Marines or Reserves. If this is not you, please check our eligibility criteria by clicking **HERE**. If you are unable to provide documentary evidence of service, you will be sent a separate form after we have assessed your application. Once returned, we will share this with the RN to confirm service. **If you are unsure on the full dates of service, please use 01/01/YYYY - do not leave blank.**

Forename (when serving)

Surname (when serving)

Date of birth

Date of service - Start date

End date

Service number

National Insurance number

## Section 3 - Weekly household finances

Please ensure that this section details the **WEEKLY HOUSEHOLD** income, not just that of the applicant's. Please ensure you are able to provide proof of income confirming the figures given below.

Weekly income (£)	Self	Partner	Other household
Employment wage (net figure after tax)			
Statutory sick pay			
Income from other source			

### Pensions

Occupational pension  
Service pension  
State pension  
War disablement pension  
War widow's pension  
Widow's pension/Bereavement allowance  
Pension Credit Guarantee  
Pension Savings Credit

### Statutory benefits

Universal Credit (please provide statement detailing all elements)  
Housing Benefit  
Carer's Allowance  
Employment Support Allowance  
Industrial Injuries Benefit  
Working Tax Credit  
Child Tax Credit/Universal Credit Child Element  
Child Maintenance Payments  
Child Benefit  
Attendance Allowance  
Disability Living Allowance - Living  
Disability Living Allowance - Mobility  
Personal Independence Payments - Living  
Personal Independence Payments - Mobility

## Weekly household expenditure (£)

Mortgage or rent (combined if shared ownership)	Car costs (MOT/running costs)
* Council Tax (net any reduction)	Other travel costs
Gas/Oil	Child care
Electricity	Home care/Domiciliary care costs
Water	Debt repayment (total)
Housekeeping	

\* Do not enter if living in SFA - taken at source

## Priority household debt (£)

Rent/Mortgage arrears	Electricity arrears
Council Tax arrears	TV Licence arrears
Gas/Oil arrears	Magistrates fine arrears

## Household savings (£)

Total in current accounts	Shares/ISAs
Total in savings accounts	Other capital
Premium Bonds	

**Bank details - please provide details of a UK bank account into which any grant can be paid. This account must be in the name of the applicant and these account details must be confirmed on the bank statement that supports this application:**

Account name	Account number
Account sort code	Bank name

## Section 4 - Reason for application

Please explain to us the reason for your application and how you would like the RNBT to help. Please include information about the current state of health in your household, let us know about any injury or illness. Please also include details regarding your employment (if applicable) and how your current circumstances came about. If you are asking for the purchase of an item, please detail this and supply a quotation along with the application. Please note that this application is designed for one-off temporary support. For ongoing issues, we will forward your case to a caseworking organisation (either SSAFA or The Royal British Legion) who will work with you to resolve the issue and help you access support.

**1. Immediate circumstances - please tell us about your current circumstances, how they came about and how we can help you:**

Do you know the value of the assistance you are seeking? If so, please enter here (£)

**2. Health - please tell us about your current state of health and that of those in your household, and how this may be affected by or affecting your current circumstances:**

**3. Environment and resources - please tell us about your housing situation, employment situation, and other resources available to support you:**

**4. Other Information - is there any other information relevant to your circumstances that you feel we should know?**

**Application checklist - it is important to provide us with supporting documents to enable us to process your application. The documents we can accept are listed below. If you do not have proof of RN or RM service relating to the person named in section 2, we will send you a separate form so we can undertake a basic service check with the RN. Please note that these checks can take up to a month to complete and are outside the control of RNBT.**

**Proof of ID**

(This can be any form of official government issued photo ID (e.g. Driving Licence, Passport, Bus Pass))

**One month's bank statement**

(must be dated within the last three months and clearly show account name, number and sort code)

**Universal Credit statement/Benefits letter/Wage slip**

**Proof of Service**

**Quotation/Evidence of priority debt/Invoice**

(if seeking support with living costs this is not required)

**IMPORTANT** - Please mark all supporting documents with the name of the applicant and attach them, along with this application, to an email and send it to [rnbt@rnbt.org.uk](mailto:rnbt@rnbt.org.uk). To help us identify your application please type FORM B APPLICATION and your NAME in the subject line of the email.

**We are not responsible for the security of any emails you send to us while they are in transit.**

We recommend that you encrypt your email. If you password protect your application form and supporting documents, you will need to send us a separate email containing the password(s), **otherwise we will not be able to access the documents and process your application.**

## Section 5 - Data protection and declaration

### Data Protection

RNBT is committed to ensuring that we handle all data which we hold about you, in a safe, secure and responsible manner and in accordance with the General Data Protection Regulation 2016 (GDPR) and Data Protection Act 2018.

Please ensure you have downloaded and read the Privacy Policy [www.rnbt.org.uk/privacy-policy/](http://www.rnbt.org.uk/privacy-policy/) which tells you how we will use, manage and store the personal data you have submitted in relation to this application.

**Please tick this box if you agree to RNBT processing your personal data, including special category data, for the purpose of assessing this application for assistance.**

### Declaration:

I agree that:

All the information provided in the application form is true and correct, and is a full disclosure of all income, capital, savings and Investments has been made.

I will inform RNBT of any change in my circumstances during the application process.

RNBT reserves the right to undertake basic checks to confirm the veracity of the information provided.

Everyone whose details are included on this form have read, understood and agreed to the above declarations.

If I am awarded funds to purchase a specific item, I will keep the receipt as proof of purchase and will provide a copy to the RNBT if requested to do so.

I agree      Yes      No

**Now, please make sure you follow the instructions given in the Application Checklist above and ensure the completed application form and all supporting documentation is emailed to us at [rnbt@rnbt.org.uk](mailto:rnbt@rnbt.org.uk)**

Applicant's name

Date

**NOTES FOR AGENCIES ONLY** - If this application is being submitted through an agency/welfare organisation then you must provide your details below and complete the section explaining how you are assisting the applicant. This will help us process the application.

We will communicate directly with the applicant unless your support is needed. We will notify you when a final decision is made. A copy of our final decision will be sent to you as the referral agency.

Name of organisation

Contact name

Position

Address

Email

Telephone

Please explain what assistance your agency is providing to the applicant