



CONFIDENTIAL

FOOTWEAR FRIENDS
 Formerly Footwear Benevolent Society
APPLICATION FOR FINANCIAL ASSISTANCE

3 Queen Square
 London e-mail: info@footwearfriends.org.uk
 WC1N 3AR
Registered Charity 222117

Telephone: 020 7843 9486

website: www.footwearfriends.org.uk

For an application to be considered it is necessary that you have been at some time employed in the Shoe Trade, normally for a minimum of 5 years.

1. PARTICULARS OF APPLICANT			
Surname		First names	
Address		Date of birth	
		Previous address if changed within last 5 years	
Postcode			
Telephone			
e-mail			
Single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> live with partner <input type="checkbox"/>			
Do you suffer from any illness or disability? Yes (please specify) <input type="checkbox"/> No <input type="checkbox"/>			
If married – Is your Wife/ Husband suffering from any illness or disability? Yes (please specify) <input type="checkbox"/> No <input type="checkbox"/>			

2. FAMILY DETAILS				
	Name	Date of Birth	Living with applicant?	Occupation
Partner				
Children (irrespective of age)				

3. YOUR HOME	
Do you own the home in which you live?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your property mortgaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Mortgage Company:	
Current property value: £	Amount of Mortgage outstanding: £
If you do not own your home please tick one of the following:	
Privately rented <input type="checkbox"/> Housing Association <input type="checkbox"/> Council <input type="checkbox"/> Owned by relative <input type="checkbox"/> other (please specify) <input type="checkbox"/>	
Do you own any other property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:	

4. PARTICULARS OF FOOTWEAR INDUSTRY EMPLOYEE	
Surname	Date of birth
First Names:	Relationship to Applicant

5. STATE EMPLOYMENT DETAILS IN FOOTWEAR INDUSTRY			
Name and Address of Employer or business	Name of Line Manager/Supervisor	From	To
If self-employed were you in business as			
A Sole Trader <input type="checkbox"/>	A Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>	

6. OTHER EMPLOYMENT BEFORE & AFTER EMPLOYMENT IN FOOTWEAR INDUSTRY (If applicable)			
Type of Work	Name of Employer	From	To

7. IF SPOUSE/PARTNER ALSO WORKED IN FOOTWEAR INDUSTRY PLEASE GIVE DETAILS			
Name and Address of Employer	Name of Line Manager/Supervisor	From	To

8. PLEASE GIVE PARTICULARS OF ANY OF YOUR CHILDREN/RELATIVES LIVING WITH YOU, WHO CONTRIBUTE TO YOUR HOUSEHOLD EXPENSES			
Name	Weekly income	Contribution to household expenses (per week)	Any other information

9. REASON FOR APPLICATION: (use a separate sheet of paper if necessary)

10. PREVIOUS ASSISTANCE:
Have you applied for assistance from the Footwear Friends before? Yes <input type="checkbox"/> No <input type="checkbox"/>

11. DEBT DETAILS (Mortgage, Rent, Council Tax, Bank/Building Society, Hire Purchase, Credit Cards, Loans (Including Social Fund Loans) and other debts) (use a separate sheet of paper if necessary)		
Name of Creditor	Item/Type	Amount Outstanding
12. SAVINGS AND CAPITAL		£
Applicant's and spouses/ partner's total savings (including capital, investments, building society, bank)		

13. STATE BENEFITS		
Are you in receipt of Housing Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in receipt of Council Tax Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are enquires about other benefits being made? If YES, which benefits?		

14. INCOME DETAILS Complete the box which applies to the payment you receive.												
	Weekly		or	Monthly		or	Quarterly		or	Annually		Office use only
	£	p.		£	p.		£	p.		£	p.	
Wages/Salary (net after Tax and National Insurance)(Applicant)												
Wages/Salary (net after Tax and National Insurance)(Spouse/Partner)												
State Retirement Pension												
State Retirement Pension (Spouse)												
Widow and Orphan												
Employer's Pension												
Service (Army, Navy, Air Force)												
Private Pension												
Child Benefit												
Income Support												
Job Seekers Allowance												
Incapacity Benefit/Sick Pay												
Invalids Carers Allowance												
Attendance Allowance												
Disability Living Allowance												
Any other income – give detail (use a separate sheet of paper if necessary)												
Total Income												

15. EXPENDITURE DETAILS Complete the box which applies to the payment you make.												
	Weekly		or	Monthly		or	Quarterly		or	Annually		Office use only
	£	p.		£	p.		£	p.		£	p.	
Rent – after any rebate												
Council Tax – after any rebate												
Water Rates												
Mortgage												
Gas												
Electricity												
Other Fuel/Coal/Oil												
Telephone												
Child Maintenance												
Other expenditure (please specify)												
Total Expenditure												
Additional notes you feel might be helpful:												

<p>16. Have either you and/or your partner served in the Armed Forces?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>17. Have applied to any other Charity or Benevolent Fund for assistance?</p> <p>Yes (<i>please give details below</i>) <input type="checkbox"/> No <input type="checkbox"/></p>	
FUND APPROACHED	Amount requested/promised/received)

<p>18. REFEREE This should be someone who has known you for some while and is not related (ie. Vicar/Priest, Teacher, Doctor, Solicitor or other professional, OR a third party acting on your behalf (ie. SSAFA, Age Concern, CAB etc.)</p>	
Recommended by:	Profession/Organisation:
Name (in print):	
Address:	
Telephone:	Date:
e-mail address:	
Signature:	

<p>19.)DECLARATION</p> <p>I hereby declare, to the best of my knowledge, that the information supplied on this form is correct and I undertake to notify the Footwear Friends immediately of any material change in my circumstances. I understand that the information I have supplied will be used solely by the Society in order to process my application for financial assistance.</p>	
Signature of applicant	Date

Thank you for completing this application form. The information you have provided will assist us to help you but if there is any additional information you would like to tell us about your situation, family circumstances, illness, etc. please use back page.

In order to verify your employment history within the footwear trade you will be required to complete the attached Inland Revenue Check form and return this to the Footwear Friends Office together with your application. Any additional proof, i.e. pay statements, P60's may assist your application.

INLAND REVENUE REQUEST
(FOR HARDSHIP GRANT)

Please complete all details and return to:

Special Section A,
Room BP1002A,
Inland Revenue,
Benton Park Road,
Longbenton,
Newcastle-upon-Tyne,
NE98 1ZZ

National Insurance Number

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Title: Mr/Mrs/Miss (Please circle)

Surname: _____

First name: _____

Any previous names: _____

Full Address: _____

Post Code: _____

Approximate dates of employment : From _____ To _____

I authorise the Inland Revenue to disclose my employment history record to:

Footwear Friends
(Footwear Benevolent Society)
3 Queen Square
Bloomsbury
London
WC1N 3AR
Tel.: 020 7843 9486
e-mail: info@footwearfriends.org.uk

Signature: _____
Please sign here

Date: _____
Please sign here