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HOSPITALITY ACTION IS THE INDUSTRY'S BENEVOLENT CHARITY

Application For Assistance

62 Britton Street, London, EC1M 5UY

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Confidential

Although this form may appear very detailed, the more information that you supply us with the better we can assess your case. Please refer to our guidance notes for information regarding the type of assistance we can provide.

Completed forms can be sent via email to help@hospitalityaction.org.uk or to the address above

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• •	ils: i.e. the person who		pitality industry or th	eir widowed partner.	
(this section MUST be	completed by all applica	nts)			
Title: Mr	Mrs 🗌	Miss	Ms	Other	
Surname					
First Name					
Date of Birth		National	Insurance No:		
Marital Status: Si	ingle 🗌 Married	/Partner ☐ Sep	parated Divo	orced Widov	
Address			Telephone	e Number (s) (Tick if c	an leave a message)
County					
Postcode			E-Mail:		
Have you applied t	o us before? Yes	V	Previous Case	Number (if known)	
2. Who else lives w	vith you? (this section I	MUST be completed by	by all applicants)		
Title: Mr	Mrs	Spouse/Par Miss	rtner Ms	Other	
Surname					
First Name					
Date of Birth		National In	surance No:		
		Children/G	 Other		
Gender	Month & Year of Birth	Relationship	Occupation	Weekly Net Income/State Benefits	Weekly Financial Contribution
		For Office U	Jse Only		

Date

3.Income and Expenditure (this section MUST be completed by all applicants)

Please provide us with details of your household income and expenditure and let us know whether the payments you receive/make are weekly/fortnightly/4 weekly/monthly etc.

INCOME	Applicant	How often	Your spouse / partner	How often	EXPENDITURE	Amount £	How Often	Arrears £
Wages (after tax & deductions)					Mortgage			
State Retirement Pension					Rent			
State Retirement Pension					Council Tax			
Work Pension					Water/Sewages			
Private Pension					Gas			
Sick Pay (statutory / company)					Electric			
					Other fuel (please specify)			
Maternity Pay (statutory/company)					Food (for how many)			
ncome Support / Pension Credit					Cleaning Materials / General Household items			
Jobseekers Allowance					Domestic Help/ Window Cleaner / Gardener			
Employment & Support					Contents / Buildings Insurance			
Allowance Housing Benefit / Local Housing					Mobile Telephone			
Allowance					Landline Telephone			
Support for Mortgage Interest					TV/Satellite/Cable/Broadband			
Council Tax Reduction					TV Licence			
Universal Credit (If possible forward a recent award letter)					Newspapers/Magazines			
Disability Living Allowance (Care)					Outings/Day Centre/Club			
Disability Living Allowance					Toiletries/Cosmetics			
(Mobility)					Haircuts			
ls this used for a Motability car? Yes No					Glasses/Dental Treatment			
Personal Independence Payment					Clothing			
Attendance Allowance					Life Insurance			
tteriaanee / mo wanee					Travel fares (taxis /buses etc.)			
Working Tax Credits					Car Running Costs			
Child Tax Credits					(petrol, tax, insurance) Care Costs			
					Special Diet			
Child Benefit					Childcare Costs			
Maintenance From Ex-Spouse/Partner					Pets			
Income from Charities					Medical/Incontinence Items			
Carers Allowance					DWP deductions			
Carets Allowalice					Other expenditure			
Any other benefits/income (please specify)					(please specify)			
(picuse specify)					Total Evnenditure			

Total Income per Total Expenditure per

4. Are you awaiting the o	outcome of any benef	fit applic	ations?				
Please let us know if you or	your spouse / partner	have mad	le any appl	ications for state	benefits bu	t are s	till
awaiting a decision from th	e relevant government	departme	ent. If you	are, please also l	et us know v	vhich (ones.
		•••••				••••••	•••••
5. Savings/Capital/Invest	tments (this section MU	ST be com	pleted by al	l applicants)			
Do you or your spouse/part	ner have any capital, sa	avings or i	investment	ts?	Yes	No	
Please detail below the bal	ances of <u>all</u> your bank /	/ building	society / P	ost Office accour	nts etc. (inclu	uding t	the one that
you pay your bills from) and	d enclose a copy of you	r latest st	atement (s) as supporting e	vidence.		
Bills Account	£		Deposit A	ccounts		£	
Building Society	£		Premium	Bonds		£	
Bonds	£		Stocks/Sh	ares (current valu	ue)	£	
PEPS/TESSAS/ISAS	£		Other			£	
6. Debts							
Please include all debts e.	g. HP, loans, Social Fund	d, credit c	ards.				
Dumass of Loop /turns of	Name of landar/	Data ta	المديدة مرميا	Original	Outstand	l:	Ma akhi
Purpose of Loan/type of arrears	Name of lender/ creditor		iken out/ urred	Original amount	Outstanding amount		Weekly repayment
urrears	createst	11100					терауттене
7. Accommodation (this s	ection MUST be complete	ed by all an	oplicants)				
Housing Status:			, , , , , , , , , , , , , , , , , , , ,				
Home Owner	Private Tenant	1	Housing A	ssociation \square	Council T	enant	
Sheltered Accommodation		_	_				
Shertered Accommodation	Residentia	ii / Itai siii	g Home	Other		••••	
Home Owners:							
Do you have a mortgage?	Yes No		How much do you owe? £				
Type of mortgage:	Repayment Interest	only	Remaining length of mortgage years				
How much is your home w	vorth? £		How mai	ny bedrooms doe	es it have?		
Is your property jointly ow	ned? (if so with whom))		ave any other lo		on the	property? (If
			yes pleas	se provide details	5)		
Douting							
Renting: How many bedrooms do yo	nu have?		How long	have you lived in	n this nrone	4v2	
Thow many beardons at yo	ou nave:		I TOW TOTIE	, nave you lived li	ii uiis propel	cy:	

8.	Employ	ment	(this section M	IUST be com	pleted by a	II applicants)
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Current employer details:

	Name of Company	Location (town and county)	Your job	Start Date (Month & Year)	Number of Hours worked/week
Applicant					
Your Spouse/ Partner					

Applicant's employment within the Hospitality Industry: (please continue on another sheet if necessary)

		Dates v	Number of	
Location (town and county)	Your job	From (Month & Year)	To (Month & Year)	Hours worked/week
		Your job	Location Your job From (Month	Your job From (Month To (Month

Please enclose copies of any payslips, pension slips, letters, or other documents that you have, as proof of having worked in the industry. If you do not have any documents of this type please contact us to discuss other options.

Other employment history:

Type of work	Number of years worked	Who worked there (You or your spouse)?

9. Armed Forces Service

Have y	ou or yo	our spouse/	/partner	ever serve	in any o	of HM Forces?	YES	NO
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If yes please let us know which branch of the forces you served in:

10. Reason for application (this section	n MUST be completed by all applicants pleas	se continue on another sheet if necessary)
11. Other Charities		
Please provide us with details of any oth response.	er charities your have applied to, what	you applied to them for and their
Name of Charity	Applied for help with	Their response

Have you applied for any assistance either from your Local Authority or Government? If yes, please provide details

13. Family Contribution									
Are you or your family able to make any contribut If yes, please tell us how much	ion to the o	ost of th	າe item ີ	?		S 🗆 NO			
14. Grant Payee Details									
If a grant is awarded our preferred method of pay Please provide us with the appropriate following i			insfer d	irectly	to a sup	plier or	support	ing ager	<u>nt</u> .
Bank Name									
Account Name									
Account Number				 					
Sort Code									
Building Society Roll Number (if applicable)	_		_		_	_	_	_	
Your Reference									
15. Who told you about us?									
Please let us know who told you about us									
16. Checklist of enclosures									
Please refer to our guidelines for information regal application and be aware that failure to supply all Please let us know which supporting documents y Proof of work in the hospitality industry Proof of income	the docum	ents we	need w	vill dela	y the pr	rocessing	g of your		
Medical evidence	□ o	ther					<u>-</u> _		
17. Declaration Statement (please read this section (name of approximation) (date) have read and (date) have read	d understoo n form is tru inge in circui ith other chi t in the with d disseminal EU) 2016/67 understood onfirm that I oplication pa	d the following and agree have real ack and to organisation to organisation.	lowing a prect and street and str	and confidence may garding ment of mation lage in been seen to detect the contact of the contact inform	firm that isclosure to have duated any graby Hospooth papers.	e of all in uring the application that noitality Acier and direct that it works.	(name of	apital, savicion processor warded. ne with the mat.	oouse) of
Applicant's Signature:									

think would help us to process yo	ur application e.g. any additional	mation that you could not fit int	