



Case No

FOR TRUST OFFICE USE ONLY

◆ 6. INTERVIEWING OFFICER'S REPORT (Please give as much information as possible on need for the grant(s) applied for)

- a. Force Area in which resident:
- b. Welfare Officer:
- c. Welfare Officer telephone number:

Type of grant(s) applied for – please tick as appropriate

Maintenance	
Special Purpose (e.g. house repairs)	
Childrens'	
Education	
Residential care	
Funeral	

Case No

◆ *DETAILS OF APPLICANT'S DEPENDANTS (if applicable)*

7a. Partner's Name	Partner's date of birth	Address (if different from officer)

7b. Dependent childrens' full name(s): natural, adopted or stepchildren	Date of Birth	Resident with applicant?	Employed/ unemployed/ in Higher Education	Age on date of signature of applicant

◆ *8. DECLARATION AND CERTIFICATE OF APPLICANT (Delete if inapplicable)*

- a My attention has been drawn to Note 1 at Item 5 of this application form.
- b I wish to apply for the grant(s) as specified at Item 6.
- c I do not wish to apply at this time but I am aware this does not prevent me from making an application in the future.

I certify that the information given in this application is, to the best of my knowledge and belief correct and that I am the parent/guardian of the child/children for whom application for educational grant(s) is/are made.

I consent to this information being held by the Police Dependants Trust, and I realise that I may request to see all information held by the Trust.

Signature:	Date:
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◆ *9. RECOMMENDATION AND REMARKS OF CHIEF OFFICER OF POLICE FOR THE AREA IN WHICH THE APPLICANT IS RESIDENT.*

Signature of Chief Officer of Police:	Date:	Police Force:
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YEAR	Grants Made					Prepared
	AMOUNT					
PURPOSE						

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◆ **APPLICANT'S FINANCIAL DETAILS**

10. NET WEEKLY INCOME	£	P		NET WEEKLY INCOME	£	p
Police Pension				Invalid Care Allowance		
Income Support				Disability Living Allowance		
Family Allowances				Attendance Allowance		
Earnings (if applicable)				Incapacity Benefit		
Income from investments				Ind. Injuries Disablement Benefit		
State retirement pension				Reduced Earnings Allowance		
Contributions from other members of the household (give details)				Constant Attendance Allowance		
Statutory Sick Pay				Income from other charities		
Other income (give details)						

SUB-TOTAL :

SUB- TOTAL:

11. AVERAGE WEEKLY EXPENDITURE		
Rent or mortgage payments –		
Council tax and water rate		
Ground rent		

SUB TOTAL:

Heating and lighting		
Medical and dietary expenses		
H.P. payments (including rental of TV etc) – TV Licence		
Other expenditure (give details) Home/life insurance/Car/Endowment, telephone, Petrol, clothing, etc		

12. IF YOU HAVE ANY LARGE NON-RECURRING ACCOUNTS FOR SETTLEMENT GIVE DETAILS HERE.		
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13. AMOUNT OUTSTANDING AT DATE OF APPLICATION IN RESPECT OF (a) MORTGAGE (b) HIRE PURCHASE (specify items)		
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14. SAVINGS:		
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Eligible / Not Eligible Maintenance Grant