

Financial Circumstances Review Form

All information on this form will be treated in confidence.



1. YOUR DETAILS:

Full Name:	Tel No:
Address:	Mobile No:
	Email 1:
	Email 2:
Postcode:	Preferred method of contact:
Relationship to Officer:	

2. OFFICER'S DETAILS:

Full Name of officer:
Rank and Number:
Current or last employing force:
Date of death/Incapacity

3. DETAILS OF ELIGIBLE DEPENDANTS

Please include all dependent children up to the age of 19 years in full time education; this includes natural, adopted or stepchildren,

Full name:	Date of Birth (dd/mm/yyyy)	Relationship to applicant	Resident with applicant

4. MONTHLY- INCOME OF HOUSEHOLD

Net earnings of self	
Net earnings of spouse/partner	
State Pension	
State Child Benefit	
Widowed Parents' Allowance	
Occupational Pension	
Police Pension (self)	
Children's Police Pension	
Maintenance Payments	
Investment Income	
Police Dependant's Trust	
Force Benevolent Fund	
Any Other Income	
	TOTAL - £'s =

5. MONTHLY - OTHER STATE BENEFITS

Universal Credit (if applicable)	
Child Tax Credit	
Working Tax Credit	
Statutory Sick Pay	
Incapacity Benefit	
Disability Working Allowance	
Industrial Injuries Disablement Benefit	
Severe Disablement Allowance	
Income Support	
Maternity Allowance/Statutory Maternity Pay	
Job Seekers Allowance	
Carer's Allowance	
	TOTAL - £'s =

6. COMBINED MONTHLY INCOME AND BENEFITS

TOTAL - £'s =

Please note:

St George's Police Children Trust is a Registered Charity which supports children where a parent who is, or was, a police officer has died; or is partly or wholly incapacitated. In order to comply with the Charity Commission requirements and also the requirements of HM Revenue and Customs, it is necessary from time to time to review the financial circumstances of applicants who receive a benefit from the Charity.

7. APPLICANT'S DECLARATION

- I understand that all personal information on this form will be confidential to St George's Police Children Trust and shared in confidence only with other police charities; and that the personal information will not be shared with persons other than that without my express consent unless required to do so by law.
- In order to provide the best possible levels of service, updates or other information I agree to St George's Police Children Trust contacting me using the details I have provided.

I am the parent/guardian of the child/children for whom application for a benefit is made. I certify that the information given in this application is, to the best of my knowledge and belief, correct and that should any over-payment be made this will be repaid without any undue delay.

Signature:

Date:

Print name:

8. APPLICANT'S BANK DETAILS:

To be used only if Bank/Building Society details have changed.

Please note: All allowances are paid by BACS.
Failure to provide bank details is likely to result in the non-payment of a benefit.

Name of Bank/Building Society:

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Address of Bank/Building Society:

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Post Code:

Sort Code:

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Account Number:

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**Building Society
Ref/Roll No:**

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