

# Financial Circumstances Review Form

All information on this form will be treated in confidence.



## 1. YOUR DETAILS:

|  |                                     |
|--|-------------------------------------|
| <b>Full name:</b>                                  | <b>Tel No:</b>                      |
| <b>Address:</b>                                    | <b>Mobile No:</b>                   |
|  | <b>Email 1:</b>                     |
|  | <b>Email 2:</b>                     |
|  |                                     |
| <b>Post code:</b>                                  | <b>Preferred method of contact:</b> |
| <b>Relationship to Eligible Police Individual:</b> |                                     |

## 2. OFFICER'S DETAILS:

|   |
|---|
| <b>Full name of Eligible Police Individual:</b>         |
| <b>Rank and number:</b>                                 |
| <b>Current or last employing force:</b>                 |
| <b>Name of Deceased Parent if different from above:</b> |
| <b>Date of death/incapacity:</b>                        |

## 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,

| <b>Full name:</b> | <b>Date of birth<br/>(dd/mm/yyyy)</b> | <b>Relationship<br/>to<br/>applicant</b> | <b>Resident with<br/>applicant</b> |
|-------------------|---------------------------------------|--|------------------------------------|
|                   |                                       |  |                                    |
|                   |                                       |  |                                    |
|                   |                                       |  |                                    |
|                   |                                       |  |                                    |

## 4. MONTHLY- INCOME OF HOUSEHOLD

|                                       |                      |
|---------------------------------------|----------------------|
| <b>Net earnings of self</b>           |                      |
| <b>Net earnings of spouse/partner</b> |                      |
| <b>State pension</b>                  |                      |
| <b>State child benefit</b>            |                      |
| <b>Widowed parents' allowance</b>     |                      |
| <b>Occupational pension</b>           |                      |
| <b>Police pension (self)</b>          |                      |
| <b>Children's police pension</b>      |                      |
| <b>Maintenance payments</b>           |                      |
| <b>Investment income</b>              |                      |
| <b>Police Dependant's Trust</b>       |                      |
| <b>Force Benevolent Fund</b>          |                      |
| <b>Any other income</b>               |                      |
|                                       | <b>TOTAL - £'s =</b> |

**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                           |                      |
| Any other state benefit                     |                      |
|   | <b>TOTAL - £'s =</b> |

**6. COMBINED MONTHLY INCOME AND BENEFITS**

|                      |
|----------------------|
| <b>TOTAL - £'s =</b> |
|----------------------|

**Please note:**

The Police Children's Charity is a registered charity which aims to support Police families by helping to ease the financial pressures of bringing up children in the face of life-changing circumstances. In order to comply with the Charity Commissioners' Sealed Scheme (governing documents), and 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 The Police Children's Charity 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 The Police Children's Charity 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:**

**Address of Bank/Building Society:**

**Post code:**

**Sort Code:**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
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**Account Number:**

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**Building  
Society  
Ref/Roll No:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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