



Application for Assistance

Strictly private and confidential

Please use block letters throughout.

Full name _____

Date of birth _____ Email _____

Marital status _____ Home tel. _____

Address _____ Mobile _____

_____ Work _____

Postcode _____

Dependants

Name	Relationship	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children's School/College/University _____

Where did you hear of the SBA? _____ Have you subscribed to the SBA? _____

First applications only

I am/was a Solicitor: Date of Admission _____
 or _____
 I am/was the dependant of a Solicitor _____

Name _____

Relationship _____

Particulars of practising career with dates and reason for ceasing to practise (if applicable). _____

Annual household income (net after tax)	£	SBA Office use
Salary or earnings		
Interest from savings or investments		
From tenants/lodgers or family (specify)		
Private pension, annuity or trust		
Maintenance		
Children's income		
Other income from any source (specify)		

State if weekly or 4 weekly

Income Support		
Housing/Council Tax Benefit		
Tax Credits		
Jobseeker's Allowance		
Child Benefit		
Bereavement Allowance		
State Pension		
Pension Credits		
Employment & Support Allowance		
Incapacity Benefit		
Statutory sick pay		
Attendance Allowance		
Disability Living Allowance		
Carer's Allowance		
Other state benefits (specify)		
Benefits applied for		

Assets

Home (if you own it) - current value (new applicants to supply agent's valuation)		
Outstanding mortgage		
Current account or cash		
Deposit account		
National Savings/Premium Bonds		
Building Society		
Investments, at current value		
Assurance policies (value)		
Family assets (specify)		
Other (specify)		

Annual expenditure	£	SBA Office use
Mortgage payments (interest only)		
Mortgage protection premiums		
Rent (net of benefit)		
Nursing Home fees		
Council Tax (net of benefit)		
Ground Rent/Service charge		
Water charges/Sewerage		
House and contents insurance		
Electricity		
Gas		
Other fuels (specify)		
Telephone rental		
Television licence		
Internet		
Car (if essential)		
— Road tax		
— Insurance		
— Petrol		
— Servicing		
Other essential travel costs (specify)		
Medical/Dental expenses		
Domestic or gardening help (specify)		
Pets		
Interest on loans or overdrafts		
Life assurance premiums		
Hire purchase and credit card payments (specify)		
Other (specify)		

Liabilities

Overdraft		
Bank loans		
Outstanding domestic bills (list)		
Outstanding hire purchase balances		
Outstanding credit card balances		
Other liabilities (specify)		

Declaration

I declare that the information given is complete and accurate. I authorise SBA The Solicitors' Charity to exchange relevant personal data with my bank, Building Society, the Department for Work and Pensions, the local authority and other charities from whom I may be claiming assistance. I understand that data gathered will be recorded and seen by SBA trustees and staff. **I undertake to inform the Association of any significant change in my financial circumstances as soon as it occurs.**

Signed

Date

Certificate

To be completed by an SBA Director or SBA Representative

I certify that I have checked the contents of this application, and believe it to be accurate.

Signed

Date

If no Director or SBA Representative is available, the following certification must be completed by a Solicitor or other professional person who knows you well:

Signed

Name in block letters

Address

Postcode

Date

Telephone No.

Occupation

Additional information from beneficiary if necessary
