

Vassar Smith Fund

LLOYDS TSB STAFF BENEVOLENT FUND

Honorary Secretary: I K Partridge St. John's Terrace 3-7 Amphill Street Bedford MK42 9EY Tel: 01234 262868 Registered Charity No: 236381

Personal and Financial Circumstances Assessment Form

Please complete this form as fully and accurately as possible.

The information you supply will be treated in the strictest confidence and will not be divulged to third parties without your written consent.

Please use BLOCK capitals. Delete and tick boxes where applicable.

Applicant's Personal Information

Full Name & Title

Home Address

Postcode

Are you...

an active member of staff?

Yes/No

a retired member of staff?

Yes/No

a widow/widower of a former member of staff?

Yes/No

a child of a former member of staff?

Yes/No

For how long did/have you/your spouse/your parent work(ed) for the Lloyds TSB Group?

Years

Date of Birth

Marital Status

Do you have any dependents living with you? If so, please provide full details here.

Expenditure...

Please state your expenditure (including your partner's) using the table below.

	Weekly	Monthly	Annually
Mortgage Repayments			
Endowment/Life Assurance			
Telephone			
Rent			
Rates			
Water			
Electricity			
Gas			
Interest on Overdrafts and Loans			
Interest on Credit Cards			
Hire Purchase Payments			
Car Tax, Insurance and Maintenance			
Food and Household Items			
Clothing			
Sundries			
Other Expenditure/Liabilities (please specify)			
Totals	£	£	£

Total expenditure incurred in one year

£

Assets...

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Please state your assets.

Total balance of all bank, building society, Post Office accounts etc.	£
Total value of holdings in stocks and shares, unit trusts etc.	£
Market value of property	£
Outstanding mortgage on the property	£
Market value of other assets held (please specify)	
	£
	£
	£
Total	£

What assistance have you requested or received from other sources?

Please explain the assistance you are seeking from the fund.

Have you requested or received any assistance from members of your immediate family?

What type of accommodation do you live in and what is the general state of repair?

Please provide any additional information you believe the fund should be aware of when considering your application for assistance.

Applicant's Signature

Date