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**The Museums Association Benevolent Fund**

42 Clerkenwell Close, London, EC1R 0AZ

Telephone no: 020 7566 7800

Email: info@museumsassociation.org

**STATEMENT OF FINANCIAL POSITION**

**Notes**

1. The information contained in this form is necessary to assess your application to the Benevolent Fund. It is important to answer every question to the best of your ability.
2. Failure to provide the required information and supporting documents will result in a delay in the provision of support.
3. If you are receiving support from any other charity, organisation or source for either yourself or your dependents, please provide details.
4. Our funds are limited, but every application is carefully assessed.
5. This form should be returned either by email to the contact details above. All information provided will be held in confidence under the GDPR.

**Personal details**

|  |  |  |
| --- | --- | --- |
| Forename: | Click here to enter text. |  |
| Surname: |  |  |
| Date of birth: | Click here to enter a date. |  |
| Address: |  | Postcode: Click here to enter text. |
|  |  |  |
| Tel No. | (home) Click here to enter text. | (mobile) Click here to enter text. |
|  |  |  |
|  | (work) Click here to enter text. |  |
| Email address: |  |  |

**1. Household income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Applicant** | **Week/Month/Year** | **Spouse/Partner** | **Week/Month/Year** |
| **A. Gross income from employment** | **£** | **Month** | **£** | **Choose an item.** |
|  |  |  |  |  |
| **B. Pensions** |  |  |  |  |
| State Pension | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Pension Credit | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Private Pension | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Children’s Pension | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Widow’s Pension | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Other: **Click here to enter text.** | **£** | **Choose an item.** | **£** | **Choose an item.** |
|  |  |  |  |  |
| **C. State benefits & Tax Credits** |  |  |  |  |
|  |  |  |  |  |
| Income Support | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Jobseeker’s Allowance | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Employment and Support Allowance | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Universal Credit | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Incapacity Benefit | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Attendance Allowance | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Personal Independence Payment (PIP) / Disability Living Allowance (DLA) – Care | **£** | **Choose an item.** | **£** | **Choose an item.** |
| PIP / DLA – Mobility | **£** | **Choose an item.** | **£** | **Choose an item.** |
| PIP / DLA for children – Care | **£** | **Choose an item.** | **£** | **Choose an item.** |
| PIP / DLA for children - Mobility | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Carer’s Allowance | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Child Benefit for **Click here to enter text.** Children | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Working Tax Credit | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Child Tax Credit | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Bereavement Allowance or Widowed Parent’s Allowance | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Other: **Click here to enter text.** | **£** | **Choose an item.** | **£** | **Choose an item.** |
| **D. Additional income** |  |  |  |  |
|  |  |  |  |  |
| Current account interest | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Interest from savings | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Investment income | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Maintenance - for applicant / partner | **£** | **Choose an item.** | **£** | **Choose an item.** |
| - for children | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Rental income | **£** | **Choose an item.** | **£** | **Choose an item.** |
| Other: **Click here to enter text.** | **£** | **Choose an item.** | **£** | **Choose an item.** |

**2. Capital**

|  |  |  |  |
| --- | --- | --- | --- |
| Value of family home, if owned | **£** | Outstanding mortgage | **£** |
| Value of any other property | **£** | Outstanding mortgage | **£** |
| Cash in bank | **£** |  |  |
| Savings | **£** |  |  |
| Value of investments | **£** |  |  |
| Any other capital, including trust funds | **£** | Please give details: Click here to enter text. | |

**3. Housing costs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rent** | Paid by Applicant | **£ p.a.** | Outstanding mortgage | **£ p.a.** |
| **Mortgage** | Interest paid by Applicant | **£ p.a.** | Outstanding mortgage | **£ p.a.** |
|  | Capital repayments | **£ p.a.** | Endowment payments | **£ p.a.** |
| Term of mortgage | | Click here to enter text.**years** | Redemption date | Click here to enter a date. |

**4. Grants from sources other than the Museums Association Benevolent Fund**

|  |  |  |
| --- | --- | --- |
| Source (*including date received*) |  | Single / repeating payment |
| Click here to enter text.  Click here to enter a date. | **£ p.a.** | Choose an item. |
| Click here to enter text.  Click here to enter a date. | **£ p.a.** | Choose an item. |
| Click here to enter text.  Click here to enter a date. | **£ p.a.** | Choose an item. |

**5. Museums Association Individual Membership**

|  |  |
| --- | --- |
|  |  |
| I am a current individual member and have been a member for three years - Membership number: **Click here to enter text.** |  |
|  |  |

**Please use this space to tell us why you are applying for an award from the Benevolent Fund and why your application meets the criteria as set out .**

**Benevolent Fund request:**

**Declaration**

I, (full name)

declare that to the best of my knowledge, the details I have provided are correct and that those persons identified on this form have no income or capital other than that which is recorded.

I understand that the information provided in this application, and any supporting documents, will be treated in accordance with the Data Protection Act 1998 and the GDPR.

**Signature: Date:**