



Supporting Chartered Accountants since 1886

Application Form

Telephone No. +44(0)1788 556366
 Freephone: 0800 008 7007
 E-mail support@caba.org.uk
 Website caba.org.uk
 Charity No 1116973

Please return the completed form to:
 Freepost RRLE-JYAR-GBYE
 8 Mitchell Court
 Castle Mound Way
 Rugby
 Warwickshire CV23 0UY

CABA is a Company Limited by Guarantee
 Registered in England and Wales No 5970606

1. PERSONAL DETAILS		(Block Capitals)	OFFICE USE ONLY
(a) Surname			
(b) First Names			
(c) Full Postal Address			
	Post Code		
(d) Telephone Numbers	Land:	Mobile:	
(e) E-mail address			
(f) Date of birth	Day	Month Year	
(g) Marital Status ie.single/divorced etc			
2. SPOUSE/PARTNER		If married or living with partner—give details below	
(a) Name			
(b) Address (if different from above)			
	Post Code		
(c) Date of Birth	Day	Month Year	
(d) Relationship			
3. MEMBERSHIP OF THE ICAEW <small>(Please tick as appropriate)</small>		FCA ACA OTHER	
(a) Name of Member or Former Member			
(b) Membership Number			
(c) Membership Status <small>(Please tick)</small>	Current	Lapsed	
(d) Your relationship to the Member			
4 HEALTH		Give full details of health and any incapacity	
(a) Yourself			
(b) Spouse/Partner			

(If space is insufficient for any reply, full details should be given on a separate piece of paper)

5. OCCUPATION	SELF	SPOUSE/PARTNER	OFFICE USE ONLY
State present occupation			
If self-employed:	Please provide a copy of your latest accounts		
If unemployed are you actively seeking work?	No/Yes If 'Yes' please attach CV	No/Yes If 'Yes' please attach CV	
If No, give reasons (e.g. permanent incapacity)			
Name and address of current Employer From:			
Previous employment history From: To:			
6. OTHER PROFESSIONAL/SERVICE ORGANISATIONS Additional assistance may be available from other professional or Service Organisations			
	SELF	SPOUSE/PARTNER	
Are you a member of any other Trade/professional body apart from ICAEW?			
Have you served with the Armed Forces?	Yes/No	Yes/No	
If not UK Forces, give the Nation's name			
7. ACCOMMODATION - Please indicate by circling as appropriate			
Do you live in a: House Bungalow Flat Residential/Nursing Home Other—specify			
Is the property: Freehold Leasehold Detached Semi-Detached Terraced Other-Specify			
Are you: Owner Tenant Living with Relatives/Friends Other—specify			
If you own the property, please indicate the state of repair: Good Fair Poor			
Year Built Approx value of Property £ No. in household			
Please indicate the number of rooms in your home: Reception Bedrooms Bathrooms Garage/s			
GIVE FULL DETAILS OF:			Arrears
(a) Rent payable per month (before Housing Benefit)	£		£
(b) Housing Benefit (Rent) received per month	£		£
(c) Ground rent and/or maintenance charges per year	£		£
(d) Residential/nursing home/Home Care fees per month	£		£
(e) Full Council Tax per year	£		Arrears
(f) Council tax—single occupancy discount	£		
(g) Have you applied for Council Tax Benefit? If Yes, Council Tax Benefit receivable for a full year	Yes/No £		Arrears
(h) Actual Council Tax per annum payable by you	£		£
(i) Water Rate for full year	£		£
(j) Original mortgage borrowing	£		Arrears
(k) Mortgage capital outstanding	£		
(l) Mortgage payment per month	£		£
(m) Actual Mortgage paid by you (if different from above)	£		£
(n) Type of mortgage e.g. Repayment, Endowment Interest only etc			
(o) Mortgage provider's name			Interest Rate%
(p) Have you discussed reduced payments with your mortgage company ?	Yes/No		
(q) If in receipt of State Benefit, do you receive assistance with the interest?	Yes/No		

8. BANK AND OTHER ASSETS		TYPE OF ACCOUNT		SELF	SPOUSE/PTNR	OFFICE USE ONLY
(a) Bank Name		e.g. Current, 30 day Deposit		Balance	Balance	
				£	£	
				£	£	
(b) Building Society Name				Balance	Balance	
				£	£	
				£	£	
(c) Post Office Account		e.g Ordinary, Investment etc		Balance	Balance	
				£	£	
				£	£	
(d) Savings Certificates				£	£	
(e) Premium Bonds				£	£	
(f) National Savings		e.g Income Bonds, Capital Bonds		Amount Held	Amount Held	
				£	£	
				£	£	
(g) All other Capital (Bonds/Deposits/Stocks/Shares/Equities/Options/Saving Schemes etc). Please give details of the name, number held, annual income/dividend, market value and any options for all stocks and shares held by you or your partner.						
TYPE	COMPANY		AMOUNT HELD	SELF	SPOUSE/PTNR	
				£	£	
				£	£	
				£	£	
(h) The value and location of any other land or property that you or your partner own				£	£	
(i) Any Legacies or Premium Bond/Lottery Winnings etc				£	£	
(j) Any other assets not shown above (including land, boat, caravan, artwork etc)						
				£	£	
				£	£	
				£	£	
(k) No of cars in Household:		Do you hold a valid Driving Licence? Do you maintain a car?		Yes/No Yes/No	Yes/No Yes/No	
1)	Make	Year	Mileage	Value £		
2)	Make	Year	Mileage	Value £		
9. DISPOSAL OF ASSETS - Give details of any Assets (including cash and property) over £5,000 disposed of, or transferred, in the past 15 years						
RECEIPT	DETAILS		DISPOSAL DATE	SELF	SPOUSE/PTNR	
				£	£	
				£	£	
				£	£	
				£	£	
10. DEBTS—Other than primary mortgage. Specify any arrangements made with lender.				AMOUNT OUTSTANDING		
LENDER	DATE	PURPOSE	PAYMENT	SELF	SPOUSE/PTNR	
				£	£	
				£	£	
				£	£	
Have you taken the advice of a debt counsellor/CAB?				Yes/No	Yes/No	

11. INCOME State full details of your income from all sources and give figures before deduction of income tax, NI etc		SELF	SPOUSE/PTNR	OFFICE USE ONLY
(a) Salary or earnings state NET amount	per week	£	£	
If in Practice please send latest accounts.	or per month	£	£	
	or per year	£	£	
(b) Pensions—NET weekly amount				
	Occupational pensions	£	£	
	State pensions	£	£	
	Annuities	£	£	
(c) Have you taken advice from the Department of Work & Pensions and claimed all State Benefits to which you are entitled?		Yes/No	Yes/No	
To avoid delay in assessing your grant, please provide a breakdown of all State Benefits received. Please also provide a copy of the most recent letter received advising you of your benefits/Pensions.				
Benefits— Weekly amount		Jobseeker's Allowance	£	£
		Bereavement Allowance	£	£
		Widowed Parents Allowance	£	£
		Child Benefit	£	£
		Incapacity Benefit	£	£
		Attendance Allowance	£	£
		Care Component	£	£
Disability Living Allowance {		Mobility Component	£	£
		Carer's Allowance	£	£
		Severe Disablement Allowance	£	£
Income Support {		Basic	£	£
Additions or {			£	£
Supplements—specify {			£	£
		Pension Guarantee Credit	£	£
		Savings Credit	£	£
		Working Tax Credit	£	£
		Children's Tax Credit	£	£
		Any other Benefit—please specify	£	£
Address of your Benefits Agency Office				
(d) Rents received from properties owned by you/partner		Gross per week	£	£
		Expenses per week	£	£
(e) Income from any other source: Donations/Allowances/Gifts/Maintenance/Trust Funds/Legacies/Loans etc (If space is insufficient, please give details on a separate piece of paper)				
Other Charities			£	£
Relations/friends/family			£	£
Any other source			£	£
			£	£
			£	£
			£	£

12. CHILDREN This section must be completed in ALL cases. Please include all your children and those of your spouse/partner					
	1	2	3	4	5
First name and other initials					
Surname					
Date of Birth					
Relationship to you					
Are they living with you?					
Occupation					
Their income					
Do they contribute to you/the household? Amount per week	£	£	£	£	£
If not living with you, do you contribute to their maintenance? Amount per week	£	£	£	£	£
If still at school, College or University					
Border or day pupil					
Fees per term (if any)	£	£	£	£	£
Education grants/scholarships	£	£	£	£	£
Contribution to fees/costs from Relatives	£	£	£	£	£
Grants/Scholarships	£	£	£	£	£
Charities	£	£	£	£	£
Other (specify)	£	£	£	£	£
College or University Attended					
Course/s studied					
Duration of course/start date					
Health					
13. HOUSEHOLD Excluding the children above, include all those living with you, including Lodgers					
First name and other initials					
Surname					
Date of Birth					
Relationship to you					
Occupation					
Marital Status					
Their income (Excluding lodgers)	£	£	£	£	£
Their contribution to you/the household	£	£	£	£	£
Health					
14. MAINTENANCE To whom paid and the amount	Relationship:				£
15. OTHER LIVING RELATIVES	SELF	SELF	SELF	SPOUSE/PTNR	SPOUSE/PTNR
First Name and other initials					
Surname					
Relationship to you					
Date of Birth					
Occupation					
Marital Status					
Telephone No.					
Nearest Town					
Are they able to help you financially?	£	£	£	£	£
Do you help them financially?	£	£	£	£	£
Health					

16. CONTACTS

Please give the details of someone (a neighbour, friend or relative), that we could contact ONLY in exceptional circumstances.

Name:

Address:

Telephone Number:

Relationship to you:

17. ADDITIONAL INFORMATION

Please use the space below to provide any additional information you would like us to consider or to indicate any changes in your circumstances which have recently occurred, or which are likely to occur within the next few months.

18. BANK DETAILS

CABA will make payments directly into your Bank Account. Please provide the details below.

Name of Bank			
Address of Bank			
Building Society Ref No.		(If applicable)	
Account Name		(The name or names printed on your cheque book)	
Sort Code		(Normally 6 digits at the top right of your cheque book)	
Account No.		(Normally 8 digits on the bottom line of your cheque book)	

19 PENSION ARRANGEMENTS

Please give the details of any occupational pension schemes or widow/widower/partner pension entitlements that you or your spouse/partner will be entitled to and the minimum age at which this can be taken. Please also give details of any private/personal or self employed pension funds that you or your spouse/partner may be entitled to, the fund value and the minimum age at which this may be taken.

20 DECLARATION—In the case of an application for a couple, both parties are to sign below

I/we hereby declare that all questions on this form have been truthfully answered and that all financial details are correct. Where I/we have provided details or information about my spouse, partner, children, dependants, etc., I/we confirm that I/we have done so with their consent.

I/we consent to the association staff and volunteers including Referee/Visitors, processing and storing the data provided on this form or contained in any communication from me or from those approached under the consent given below. I/we permit the disclosure of this data to Referees/Visitors and to other charities or professional bodies who, in the sole discretion of the Association, may be thought to be able to provide assistance to me or my household and family members. I/we also consent to the staff of these organisations processing and storing the data disclosed to them.

If the Chartered Accountants' Benevolent Association considers it necessary to approach my/our Local Authority, Bankers or Benefits Agency Office regarding my financial position, or Social Worker or Carer regarding my/our health, I/we hereby authorise such approaches. I/we understand that CABA will endeavour to advise me/us of its intention to make any such approaches or disclosures, prior to doing so.

I/we undertake to inform CABA immediately of any changes in my/our circumstances.

Signature _____ Signature _____ Date _____

If the applicant did not complete the form, please provide your details

Name _____ Telephone No. _____
 Address _____ Your relationship to applicant _____
