



HOSPITALITY ACTION IS THE INDUSTRY'S BENEVOLENT CHARITY

Application For Assistance

62 Britton Street, London, EC1M 5UY

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Confidential

Although this form may appear very detailed, the more information that you supply us with the better we can assess your case. Please refer to our [guidance notes](#) for information regarding the type of assistance we can provide.

Completed forms can be sent via email to help@hospitalityaction.org.uk or to the address above

1. Applicant's details: i.e. the person who has worked in the hospitality industry or their widowed partner.

(this section MUST be completed by all applicants)

Title: Mr Mrs Miss Ms Other

Surname					
First Name					
Date of Birth		National Insurance No:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marital Status: Single Married/Partner Separated Divorced Widowed

Address	Telephone Number (s)
County	E-Mail:
Postcode	

Have you applied to us before? Yes No Previous Case Number (if known).....

2. Who else lives with you? (this section MUST be completed by all applicants)

Spouse/Partner

Title: Mr Mrs Miss Ms Other

Surname					
First Name					
Date of Birth		National Insurance No:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children/Other

Name	Date Of Birth	Relationship	Occupation	Weekly Net Income/State Benefits	Weekly Financial Contribution

For Office Use Only

HA Ref:.....

Date

3. Income and Expenditure (this section MUST be completed by all applicants)

Please provide us with details of your household income and expenditure and let us know whether the payments you receive/make are weekly/fortnightly/4 weekly/monthly etc.

INCOME	Applicant	How often	Your spouse / partner	How often	EXPENDITURE	Amount £	How Often	Arrears £
Wages (after tax & deductions)					Mortgage			
State Retirement Pension					Rent			
Work Pension					Council Tax			
Private Pension					Water/Sewages			
Sick Pay (statutory / company)					Gas			
Maternity Pay (statutory/company)					Electric			
Income Support / Pension Credit					Other fuel (please specify)			
Jobseekers Allowance					Food (for how many)			
Employment & Support Allowance					Cleaning Materials / General Household items			
Housing Benefit / Local Housing Allowance					Domestic Help/ Window Cleaner / Gardener			
Mortgage Interest Payment					Contents / Buildings Insurance			
Council Tax Benefit					Mobile Telephone			
Universal Credit					Landline Telephone			
Disability Living Allowance (Care)					TV/Satellite/Cable/Broadband			
Disability Living Allowance (Mobility) Is this used for a Motability car? Yes No					TV Licence			
Personal Independence Payment					Newspapers/Magazines			
Attendance Allowance					Outings/Day Centre/Club			
Working Tax Credits					Toiletries/Cosmetics			
Child Tax Credits					Haircuts			
Child Benefit					Glasses/Dental Treatment			
Maintenance From Ex-Spouse/Partner					Clothing			
Income from Charities					Life Insurance			
Any other benefits (please specify)					Travel fares (taxis /buses etc.)			
Any other income (please specify)					Car Running Costs (petrol, tax, insurance)			
					Care Costs			
					Special Diet			
					Childcare Costs			
					Pets			
					Medical/Incontinence Items			
					DWP deductions			
					Other expenditure (please specify)			

Total Income per

Total Expenditure per

4. Are you awaiting the outcome of any benefit applications?

Please let us know if you or your spouse / partner have made any applications for state benefits but are still awaiting a decision from the relevant government department. If you are, please also let us know which ones.

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5. Savings/Capital/Investments (this section MUST be completed by all applicants)

Do you or your spouse/partner have any capital, savings or investments? Yes No

Please detail below the balances of **all** your bank / building society / Post Office accounts etc. (including the one that you pay your bills from) and enclose a copy of your latest statement (s) as supporting evidence.

Bills Account	£	Deposit Accounts	£
Building Society	£	Premium Bonds	£
Bonds	£	Stocks/Shares (current value)	£
PEPS/TESSAS/ISAS	£	Other	£

6. Debts

Please include all debts e.g. HP, loans, Social Fund, credit cards.

Purpose of Loan/type of arrears	Name of lender/ creditor	Date taken out/ incurred	Original amount	Outstanding amount	Weekly repayment

7. Accommodation (this section MUST be completed by all applicants)

Housing Status:

Home Owner Private Tenant Housing Association Council Tenant
 Sheltered Accommodation Residential / Nursing Home Other

Home Owners:

Do you have a mortgage? Yes No	How much do you owe? £
Type of mortgage: Repayment Interest only	Remaining length of mortgage years
How much is your home worth? £	How many bedrooms does it have?
Is your property jointly owned? (if so with whom)	Do you have any other loans secured on the property? (If yes please provide details)

Renting:

How many bedrooms do you have?	How long have you lived in this property?
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8. Employment (this section MUST be completed by all applicants)

Current employer details:

	Name of Company	Location (town and county)	Your job	Start Date (Month & Year)	Number of Hours worked/week
Applicant					
Your Spouse/ Partner					

Applicant’s employment within the Hospitality Industry: (please continue on another sheet if necessary)

Name of Company	Location (town and county)	Your job	Dates worked		Number of Hours worked/week
			From (Month & Year)	To (Month & Year)	

Please enclose copies of any payslips, pension slips, letters, or other documents that you have, as proof of having worked in the industry. If you do not have any documents of this type please contact us to discuss other options.

Other employment history:

Type of work	Number of years worked	Who worked there (You or your spouse)?

9. Armed Forces Service

Have you or your spouse/partner ever serve in any of HM Forces? YES NO

If yes please supply the following:

Branch	Service Number
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10. Reason for application (this section MUST be completed by all applicants please continue on another sheet if necessary)

11. Emergency Contact Details

Please give us the name of a relative, friend or other person whom we could contact if necessary.

Name	
Address	
Telephone No.	
Relationship to you	

12. Other Charities

Please provide us with details of any other charities your have applied to, what you applied to them for and their response.

Name of Charity	Applied for help with	Their response

13. Statutory Funding

Have you applied for any assistance either from your Local Authority or Government? YES NO

If yes, please provide details

14. Family Contribution

Are you or your family able to make any contribution to the cost of the item? YES NO
If yes, please tell us how much £.....

15. Grant Payee Details

If a grant is awarded our preferred method of payment is via bank transfer directly **to a supplier or supporting agent**.
Please provide us with the appropriate following information:

Bank Name								
Account Name								
Account Number								
Sort Code								
Building Society Roll Number (if applicable)								
Your Reference								

16. Who told you about us?

Please let us know who told you about us

17. Checklist of enclosures

Please refer to our guidelines for information regarding the supporting documentation that needs to accompany your application and be aware that failure to supply all the documents we need will delay the processing of your application.
Please let us know which supporting documents you have sent us:

Proof of work in the hospitality industry Supporting letter from independent third party
Proof of income Proof of savings
Medical evidence Other

18. Declaration Statement (please read this section carefully, by ticking and/or signing below you are confirming the statement to be true)

I (name of applicant) and (name of partner/spouse) Of
.....
..... (address),
on..... (date) have read and understood the following and confirm that:

- All the information provided in the application form is true and correct and full disclosure of all income, capital, savings and Investments has been made.
- I /we will inform Hospitality Action of any change in circumstances that I/we may have during the application process.
- I / we permit Hospitality Action may confer with other charities/bodies regarding my/our application.
- Any false or misleading information can result in the withdrawal or repayment of any grant that may be awarded.
- I/we consent to the collection, processing and dissemination of this information by Hospitality Action in line with the Data Protection Act 1998 and to its storage in both paper and digital format.

Online Applications: (please tick as appropriate)

- I am the applicant and confirm that I have read, understood and agree to the above.
- I am the spouse / partner of the applicant and confirm that I have read, understood and agree to the above.
- I am a professional third party authorised to act on behalf of the applicant and their spouse/partner and confirm that I have read, understood and agree to the above on behalf of my clients (please note we will need a copy of your signed form of authority before we are able to process your client's application).

Name Organisation

Email address

Paper Applications:

Applicant's Signature:

Spouse / Partner's Signature:

19. Additional Information (please use this sheet to provide us with any additional information that you could not fit into our application form or that you think would help us to process your application e.g. any additional work within our industry)