

**THE INCORPORATED ASSOCIATION OF ORGANISTS
BENEVOLENT FUND**

Founded by Sir Hamilton Harty – Registered Charity No. 216533
Chairman of Trustees: Peter Wright, MA (Cantab), FRCO (CHM), FRSCM, FGCM

APPLICATION FOR FINANCIAL ASSISTANCE

This form, when completed and signed, should be sent to the Secretary,
Richard Allen, 2, Winifred's Dale, Cavendish Road, Bath, BA1 2UD.

Please write responses to question 1 in CAPITAL LETTERS

1. Contact details:

Surname: Title:

Forenames:

Address:
.....
.....Post Code:

Telephone Nos.:
.....

Email address:

2. Personal Details:

Date of Birth:

Please indicate married, single, widow(er), divorced, etc.:

How many persons are dependent on you?

Please state the relationships: (e.g. wife, children, etc.).

In the case of children, give their ages:

3. The organists' association:

Of which you are or were a member:

The year in which you joined:

If you are no longer a member, the year in which you resigned:

N.B., a minimum of two years' aggregate membership is required.

4. **Please state the reason for your present need to apply for assistance.** As much information as possible should be supplied: if necessary, please continue on a separate sheet:

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5. **Please indicate your present financial situation** by giving the following details as appropriate:

INCOME (per month to nearest £)		EXPENDITURE (per month to nearest £)	
Employment:	.....	Rent or Mortgage:	.....
State Pension:	.....	Council Tax:	.....
Occupational Pension:	.....	Water Rates:	.....
Housing or other benefit:	.....	Energy:	.....
IAO Benevolent Fund:	.....	Telephone:	.....
Dividends:	.....	Television:	.....
Income from investments:	.....	Insurance:	.....
<i>Other (please give brief details below):</i>		Subscriptions:
.....	Travel (approx.)
.....	Food (approx.)
.....	<i>Other (please give brief details below):</i>	
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.....
Total	Total

Please note that, if given a grant, you will be asked to submit the details in 5. And 6. annually.

6. Please give details of financial reserves, including bank accounts and deposits: £

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Total

7. How have you been employed in the last five years?

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..... (if necessary, please continue on a separate sheet.)

8. Please state the purposes for which the grant, if approved, will be used:

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9. Please give details of a person who may be contacted in case of illness or incapacity.

The Secretary should be informed of a change in circumstances, such as a change of address, admission to or discharge from hospital or a change in income.

Name:

Address:
.....
..... Post Code:

Telephone Nos.:

Email address:

10. Are you applying and have you applied for grants from other organisations? If so, please give details.

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11. DECLARATION

I declare that to the best of my knowledge and belief the above statements are true in all respects.

Signature: Date:

12. ENDORSEMENT

I testify that to the best of my knowledge and belief the above application is true in all respects.

Signature: Date:

Name:

Address:

..... Post Code:

Profession:

Telephone Nos.:

Email address:

N.B., the person endorsing this application must be a person of standing, such as a solicitor, with recent personal knowledge of the applicant.

13. ENDORSER'S COMMENTS (if any):

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