

Application Form



Applicant's full name	
Address	
Telephone number	
Date of birth	

Please select category of applicant

Solicitor	<input type="checkbox"/>	Dependant	<input type="checkbox"/>
Marital status			
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Widow/Widower	<input type="checkbox"/>

If widow or widower, furnish name of former spouse and date of his/her death

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If separated, furnish name of spouse/former spouse

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Number of children		Ages	
Number of dependants		Number schoolgoing	

Level of education of schoolgoing dependants

Number employed, position held and salaries or income

If any of your children are married, state where they reside (i.e. at home, in own home etc.), their financial circumstances and what family (if any) each has

>>> Living Accommodation

Do you live in

Own house

Rented accommodation

Elsewhere

If property is owned,

Do you have a mortgage on your property?

Yes

No

If you have a mortgage, please supply:

Bank/Building Society/financial institution name	
Bank/Building Society/financial institution address	
Amount of original loan	
Date of original loan	
Amount now due	
Amount of monthly instalments	
Amount of arrears (if any)	

Do you have a mortgage protection policy?

Yes

No

If property is rented,

Is it a furnished letting?

Yes

No

Amount of rent	
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Is rent paid up to date?

Yes

No

Arrears _____

If living elsewhere, please state the owner of such property – relationship if any with the owner and the cost of monthly subsistence

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Are you in receipt of Rent Supplement?

Yes

No

Amount	
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Do you own contents of property?

Yes

No

>>> Assets and Liabilities

Please give details in the space below of assets of you and your spouse/partner (use a separate sheet if necessary). This includes such information as:

- House, apartment or land/premises and whether subject to any loan/mortgage (see also above)
- Bank accounts, name and address of your bank(s)
- Savings certificates, savings bonds or other accounts with the Post Office
- Name and address of building society or other financial institution

- Do you own any stocks, shares or securities. Name and address of stock brokers
- Life assurance policies or life assurance company bonds
- Prize bonds, other assets owned or from which income is derived

Furnish all relevant details, approximate values and account balances. Use a separate sheet if necessary.

Please give details in the space below of liabilities of you and your spouse/partner, including outstanding debts (use a separate sheet if necessary).

>>> Income

State fully your present income from all sources (including earned income, dividends, rents and other income, grants, pensions, state benefits etc.) Applicants should apply for State Pension or Social Protection Assistance if entitled to same.

Are you or your spouse/partner in receipt of:

	Yes		No	Amount per month
A salary or earned income				
Dividends				
Deposit interest				
Other unearned income				
Rent				
A state pension				
Any other pension				
Any other income				

If yes, state from whom it is received

>>> Expenditure

Give details of your monthly expenditure (use a separate sheet if necessary)

>>> Employment

If you have a professional qualification, state it. Please state the nature of previous/current employment and the prospects of obtaining employment in your particular field.

Are you in full time employment?

Yes

No

If "yes", furnish name of employer

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If "no", furnish name of previous employer

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Employer's address

What are the prospects of obtaining employment

Good

Fair

Poor

Name of applicant's accountant/tax advisor

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Address

Name of applicant's doctor

--

Address

What is your present state of health

Good

Fair

Poor

>>> **Declaration**

I make this application for a grant or loan from your Association for the purpose of:

I declare that all the replies given to queries in this form are true and accurate in all respects.

Dated this _____ day of _____

Signed _____

Note: All information given to the Association is given on a confidential basis. In reviewing applicants, the Association may need supplementary information and this is often dealt with in personal interview with a Director of the Association and/or a Sponsoring Member and/or your accountant or tax advisor and/or a professional social worker who acts as a consultant to the Association.

Please confirm that you will, if asked, be prepared to give any supplementary information if required in such an interview. Yes No

>>> **Certificate**

To be signed by:

1. A Member of the Association and
2. A second Member of the Association, Clergyman, Doctor or Solicitor.

We have read the enclosed Application and have satisfied ourselves, so far as we possibly can, that the statements contained therein are true and accurate.

To be completed by First Supporter

Name of Member	
Signature	
Address	

I have known the applicant for _____ years.

Dated this _____

To be completed by Second Supporter

Name of Second Supporter	
Signature	
Address	
Description/occupation	

I have known the applicant for _____ years.

Dated this _____

Please send completed form with covering letter to:
The Directors, Solicitors' Benevolent Association, 73 Park Avenue, Dublin 4