

Existing Beneficiary Request for Single Grant

Date Beneficiary NameCase No.....

Please tell us as much as you can about your present circumstances and what assistance you would like RSABI to consider. Please note we may require quotes and proof of purchase.

Please tick the boxes to show you have read and agree to the following:

- In accordance with data protection legislation, I consent to RSABI holding and using the information on this application, and any further information and documents received, for the purpose stated above.
- I undertake to inform RSABI of any changes in my circumstances that may affect any decision to provide support to me at any time
- I confirm that I am a UK tax resident and not tax resident elsewhere, or a US citizen.
- I declare that the information I have provided to RSABI is true and accurate to the best of my knowledge.

Signed.....

Date.....

No of Adults.....

Children (sex and ages).....

Income	Monthly £
Wages/Salary /Drawings	
Partners income	
Benefits- ESA/Income Support/JSA/Universal Credit/State Pension	
Child Tax Credits	
Child benefit	
Working Tax Credits	
Private Pensions	
Housing Benefit	
Other	
TOTAL INCOME (A)	
Household Expenses/Outgoings	
Rent /Mortgage	
Council Tax	
Gas	
Electric	
Water	
Food	
Household/Cleaning	
Cigarettes/Alcohol/Leisure/Haircuts	
Pets - Food/Vets/Insurance	
Insurance - Life/home	
School meals	
Travel costs –bus/fuel/taxis	
Car costs MOT/Insurance/Repairs	
Mobile phone	
Telephone/ Broadband	
TV Package	
TV Rental/Licence	
Clothing	
Gifts-birthdays/Xmas	
Kids clubs	
Holidays	
Debt repayments	
Others –Please list	
TOTAL EXPENSES (B)	
Total Savings	