# The Church of England Pensions Board Grant Application Form

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|----|-----|-----|----|-----|----|
|    |     |     |    |     |    |

| Name          | Member No.    |  |
|---------------|---------------|--|
| Address       |               |  |
| Telephone No. | Date of birth |  |
| Email         |               |  |

# **Household details**

| Marital Status                  | Single          |  |
|---------------------------------|-----------------|--|
| Please mark                     | Married         |  |
| an 'x' against<br>which applies | Civil Partner   |  |
|                                 | Widowed/widower |  |
|                                 | Living together |  |

| If married, in a civil partnership or living    | Name          |
|-------------------------------------------------|---------------|
| together, please include your partner's details | Date of Birth |
| here:                                           | Address       |

| Does anyone else live at your address with you?                                                              | Yes/ No       | Delete as appropriate                  |
|--------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------|
| If 'Yes', how many are children under 18 years old and/or under the age of 20 and in non-advanced education? |               |                                        |
| If 'Yes', how many are other adults?                                                                         |               |                                        |
| For other adults living with you, what is their relationship to you?                                         |               |                                        |
| Are they regularly contributing to household bills?                                                          | Yes / No      | Delete as appropriate                  |
|                                                                                                              | If yes, pleas | e indicate roughly how much per month: |

| Do you or anyone included in your application have any serious criminal         | Yes/No |
|---------------------------------------------------------------------------------|--------|
| convictions i.e. one that cannot be spent under the Rehabilitation of Offenders |        |
| Act 1974 or are currently listed on the Sex Offenders Register?*                |        |

<sup>\*</sup>Why do we ask this? Under our current eligibility criteria for charitable grants, we would not usually be able to offer a grant in these circumstances.

# Information to support our assessment

### Income

Please share details on your income in this section, including for your spouse or partner (where relevant).

# Pension and earnings

here before tax, indicating if this is a weekly, monthly or annual amount.

Current Church Pension

State Pension

Other Occupational Pensions

Earnings from any paid or self-employment

Please share your gross income figures

Earnings from any paid or selfemployment

Rental Income

Dividends or income from stocks, shares and other investments

Interest from savings or bank accounts

Other regular forms of income, please

| Self  |        |    |
|-------|--------|----|
| Value | Period | Va |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |
| £     |        | £  |

| Spouse or partner |        |  |
|-------------------|--------|--|
| Value             | Period |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |
| £                 |        |  |

## **State Benefits**

specify:

Please detail your regular benefit income here, indicating if a figure is a weekly, monthly or annual amount

| monthly or annual amount              |
|---------------------------------------|
| Universal Credit                      |
| Housing benefit/Council Tax Reduction |
| Employment Support Allowance          |
| Pension Credit                        |
| Job-seekers Allowance                 |
| Child benefit                         |
| Carer's Allowance                     |
| Attendance Allowance*                 |
| Disability Living Allowance*          |
| Personal Independence Payments*       |
| Other benefit please specify:         |

| Se | lt |
|----|----|
|    |    |

| Value | Period |
|-------|--------|
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
|       |        |

## Spouse or partner

| Value | Period |
|-------|--------|
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |
| £     |        |

<sup>\*</sup>These benefits are excluded from our assessment of your income, for the purposes of calculating the level of grant to be paid. We ask for this information to help our Welfare Advisor consider if there might be other benefits you could access, as part of reviewing your grant application.

£

£

# Property, savings and other capital

Please note, we are unable to offer a grant if you own your own home, or a large % share of your home, or are living in a care setting. Also if you have more than £16,000 in savings, cash or other assets, you will be ineligible for a grant.

# **Your Property**

| Is your main home                                    | Owned by you?                                                                      |  |
|------------------------------------------------------|------------------------------------------------------------------------------------|--|
|                                                      | A care or nursing home or other registered care setting?                           |  |
| Please mark<br>an 'x'<br>against<br>which<br>applies | Rented through the private market or social landlord?                              |  |
|                                                      | A Pensions Board shared ownership property?                                        |  |
|                                                      | A Pensions Board mortgaged property where you own 25% of the equity share or more? |  |
|                                                      | A Pensions Board mortgaged property where you own less than a 25% equity share?    |  |
|                                                      | Rented through CHARM?                                                              |  |
|                                                      | Pensions Board Supported Housing scheme?                                           |  |
|                                                      | Other? Please specify:                                                             |  |

If you pay rent or a mortgage on your main home, please indicate the amount paid per month. This will help us support you in accessing any state benefits you may be entitled to as part of your grant application.

| Rent payments     | £ |
|-------------------|---|
| Mortgage payments | £ |

| Do you or your partner own any other property?                               | Yes / No | Delete as appropriate |  |  |  |
|------------------------------------------------------------------------------|----------|-----------------------|--|--|--|
| If the answer is 'yes' please give the estimated value of the property here: |          |                       |  |  |  |
| Other residential property e.g. holiday home                                 | £        |                       |  |  |  |
|                                                                              |          |                       |  |  |  |

# Your savings and other assets

| Do you or your spouse/partner have savings held in any of the following accounts? |                       |                       |  |  |
|-----------------------------------------------------------------------------------|-----------------------|-----------------------|--|--|
|                                                                                   | delete as appropriate | Total estimated value |  |  |
| Building Society/Deposit account                                                  | Yes / No              | £                     |  |  |
| Building Society/Current account                                                  | Yes / No              | £                     |  |  |
| ISAs                                                                              | Yes / No              | £                     |  |  |
| Stocks and shares inc. income bonds                                               | Yes / No              | £                     |  |  |
| Premium Bonds                                                                     | Yes / No              | £                     |  |  |
| Endowment Insurance policies                                                      | Yes / No              | £                     |  |  |

| If 'Yes' what is the total value?                                                                                                    | £        |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|
| Do you or your spouse/partner have any other assets that could be counted as savings or capital for the purposes of this assessment? | Yes / No |
| If 'Yes' please list these here with total estimated current £ values:                                                               |          |

Yes / No

### **Supporting documentation**

Please attach copies of any relevant supporting documentation including:

Do you or your spouse/partner have any cash held separately?

| Bank statements showing income and/or savings |  | Please mark       |
|-----------------------------------------------|--|-------------------|
| Payslips                                      |  | all that<br>apply |
| Pension Letters                               |  |                   |
| Benefit statements                            |  |                   |
| Other document, please specify:               |  |                   |

We will accept photocopies/scanned versions of the above documents, as we are unable to return any documentation shared with us.

#### Declaration

I/we confirm that the details provided above are true and correct and agree to notify the Pensions Board if my/our personal circumstances change.

I/we give consent to the Pensions Board processing my/our personal information for the purposes of assessing eligibility for a grant, and to contact me/us about this matter.

I/we understand that the Board may also use the information provided to help assess whether I/we might be able to apply for further state benefits, in support of this grant application. I/we understand that this consent can be withdrawn at any time, but this will affect the Board's ability to offer a grant.

Signature Date

(Main applicant)

Signature Date

(Spouse/partner, if relevant)

#### Your privacy and personal data

The information you share with us to help us assess your grant application will be held in line with our privacy notice. This is available via our website (**www.churchofengland.org/pensions**) or through this direct web address: **www.churchofengland.org/sites/default/files/2021-03/PN.pdf** 

The policy sets out how we use personal data that we hold about you and gives information on how to exercise your legal rights. If you would like a paper copy, please let us know.