

THE ROYAL BALLET BENEVOLENT FUND

Reg. Charity No. 207477

Founders:

Dame Ninette de Valois, OM CH DBE
Sir Donald Albery, Arnold Haskell, CBE

Patron:

The Lord Hastings
Dame Beryl Grey, DBE

Chairman:

Private and Confidential APPLICATION FORM

Name: _____ Date of Birth: _____

Professional Name (if different): _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ Fax Number: _____

e-mail: _____ Marital Status: _____

Career Details (including training and professional dance employment, please specify dates and positions held):

Current Employment Details (if no longer a dancer, please also specify training):

Reasons for Application:

INCOME - YEAR ENDED: _____

For Office Use Only

Professional & Other Earnings:	£	Per Week/Month/Year*	£
State Retirement Pension:	£	Per Week/Month/Year*	£
Other Pensions:	£	Per Week/Month/Year*	£
Partner's Separate Earnings/Pension:	£	Per Week/Month/Year*	£
Income Support:	£	Per Week/Month/Year*	£
Housing Benefit:	£	Per Week/Month/Year*	£
Attendance Allowance:	£	Per Week/Month/Year*	£
Mobility Allowance:	£	Per Week/Month/Year*	£
Child Allowance:	£	Per Week/Month/Year*	£
Gross Income from Investments:	£	Per Week/Month/Year*	£
Income from Let Properties:	£	Per Week/Month/Year*	£
Interest from Building Society(s):			
(A) _____ Building Society	£	Per Week/Month/Year*	£
(B) _____ Building Society	£	Per Week/Month/Year*	£
(C) _____ Building Society	£	Per Week/Month/Year*	£
Income from Trust Fund(s):			
(A) _____ Trust Fund	£	Per Week/Month/Year*	£
(B) _____ Trust Fund	£	Per Week/Month/Year*	£
(C) _____ Trust Fund	£	Per Week/Month/Year*	£
Interest from:			
(A) Post Office Account(s)	£	Per Week/Month/Year*	£
i _____	£	Per Week/Month/Year*	£
ii _____	£	Per Week/Month/Year*	£
iii _____	£	Per Week/Month/Year*	£
(B) Bank Deposit Account(s)			
i _____	£	Per Week/Month/Year*	£
ii _____	£	Per Week/Month/Year*	£
iii _____	£	Per Week/Month/Year*	£
(C) Other Deposit Account(s)			
i _____	£	Per Week/Month/Year*	£
ii _____	£	Per Week/Month/Year*	£
iii _____	£	Per Week/Month/Year*	£
Income from Relatives:	£	Per Week/Month/Year*	£
Allowances/Grants from other Charities			
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Income from other sources:			
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
RBBF Allowance/Grant	£	Per Week/Month/Year*	£
NUMBER OF PERSONS:		TOTAL	_____

* Please delete as appropriate

EXPENDITURE - YEAR ENDED: _____

			For Office Use Only
Rent/Mortgage:	£	Per Week/Month/Year*	£
Ground Rent:	£	Per Week/Month/Year*	£
Service Charge:	£	Per Week/Month/Year*	£
Council Tax:	£	Per Week/Month/Year*	£
Water Rate:	£	Per Week/Month/Year*	£
House/Household Contents Insurance:	£	Per Week/Month/Year*	£
Gas:	£	Per Week/Month/Year*	£
Electricity:	£	Per Week/Month/Year*	£
Fuel for Heating:	£	Per Week/Month/Year*	£
Telephone:	£	Per Week/Month/Year*	£
Food & Household Goods:	£	Per Week/Month/Year*	£
TV License:	£	Per Week/Month/Year*	£
TV Rental:	£	Per Week/Month/Year*	£
Credit Card payments:			
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Laundry:	£	Per Week/Month/Year*	£
Life Assurance:	£	Per Week/Month/Year*	£
Hire/Purchase Items:			
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Domestic Help:			
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Miscellaneous Payments:	£	Per Week/Month/Year*	£
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Property Repairs:	£	Per Week/Month/Year*	£
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
Car Maintenance/License/Repairs etc:	£	Per Week/Month/Year*	£
(A) _____	£	Per Week/Month/Year*	£
(B) _____	£	Per Week/Month/Year*	£
(C) _____	£	Per Week/Month/Year*	£
* NUMBER OF PERSONS:		TOTAL PER MONTH	£

Please provide evidence of the following payments by including the last four quarterly bills for Gas, Electricity and Telephone, as well as one bill for your Water Rates.

* Please note where household expenses are shared between two or more people, state only your contribution. In the case of couples with or without children put the total but indicate the number of persons in the place provided.

STATEMENT OF ASSETS AS AT: _____

Is the Property where you live one of the following:

- Please tick either yes or no. Yes No
- (A) Owned by you
(B) Jointly Owned
(C) Rented

If you have ticked Yes to either question (A) or (B) please indicate the approximate current market value of the property in the following space:

£: _____

Do you have a second property which is one of the following:

- Please tick either yes or no. Yes No
- (A) Owned by you
(B) Jointly Owned
(C) Rented

If you have ticked Yes to either question (A) or (B) please indicate the approximate current market value of the property in the following space:

£: _____

Bank Balance (Current Account) as at Date: _____ £ _____

Bank Balance (Deposit Account) as at Date: _____ £ _____

Total of Deposits with Building Societies :

(A) _____ £ _____

(B) _____ £ _____

(C) _____ £ _____

Post Office Savings (Ordinary) Account: _____ £ _____

Post Office Savings (Investment) Account: _____ £ _____

Total number of Savings Certificates: _____ £ _____

Details of Investments (Stocks and Shares):

(A) _____ £ _____

(B) _____ £ _____

(C) _____ £ _____

Other Income-Producing Assets

(A) _____ £ _____

(B) _____ £ _____

(C) _____ £ _____

TOTAL: _____ £ _____

Statement of Debts (If Any): _____

I certify that the details given in this form are correct:

Signed: _____

Date: _____

Thank you for completing this form. Please return it to:

Clementine Cowl, Executive Secretary, The Royal Ballet Benevolent Fund, 8 Guildford Road, Brighton, East Sussex, BN1 3LU, Telephone: 01273 747268 Fax: 01273 776138 Mobile: 07957 669206 email: info@rbbf.org.uk