



ACCOUNT REFERENCE: NILS .....

## APPLICATION FOR ASSISTANCE

Full name: ..... Date of birth: .....

Occupation: ..... NI no:.....

Email: ..... Tel: .....

Address: .....

..... Postcode.....

Length of time at above address: .....

If less than 2 years, previous address: .....

.....

### Dependants:

Name	Age	Relationship/notes

How did you hear about NILS? .....



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## PERSONAL BUDGET

Income weekly/monthly	Amount £	Expenditure weekly/monthly	Amount £
Applicant wages		Accommodation rent	
Partner wages		Ground rent & service charges	
Universal Credit		Mortgage	
Child Benefit		Other secured loans	
Income Support		Buildings & contents insurance	
JSA Income-based		Pension contributions	
JSA CB		Life insurance	
Working Tax Credits		Council tax	
Child Tax Credits		Utilities: gas / electricity/water	
SSP/Incapacity Benefit		Other e.g. coal, oil	
ESA		Television licence	
State Retirement Pension		County/magistrates court fines	
Pension Credit		Hire purchase	
Works/Private Pension		Child support	
Child Support		Child/adult care costs	
DLA (Care Comp) / PIP		Credit/store cards	
DLA (Mobility Comp)		<b>TELECOMMUNICATIONS</b>	
Attendance Allowance		Landline	
Non-depend Contributions		Mobile, broadband, cable	
Other:		Satellite television	
<b>TOTAL INCOME</b>	<b>£</b>	<b>TRAVEL</b>	
<b>Assets:</b>		Public transport & taxis	
		Car insurance	
		Road tax	
		Fuel	
		MOT & car maintenance	
		Breakdown & recovery	
		<b>GENERAL LIVING</b>	
		Food & drink inc. takeaways	
		Socialising e.g. alcohol, cigarettes, vaping	
		Cleaning, toiletries & health	
		Clothing & baby items	
		Hairdressing	
		School meals/trips/activities	
		Other e.g. pet food, pet insurance, vet bills	
		<b>TOTAL EXPENDITURE</b>	<b>£</b>
<b>Total weekly/monthly unallocated disposable income: £</b>			



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**DECLARATION & AUTHORISATION**

**Item(s) requested:** .....

**Value: £** ..... **Loan or Grant:** .....

**If loan, repayment period and frequency:** .....

I/we understand that this loan will be repaid as detailed above. I/we also understand that NILS is a registered charity which relies on donations to fund loans and that this scheme assists those people on low incomes or benefit recipients unable to access commercial credit.

I/we agree to honour the payments which have been arranged and acknowledge that failure to do so may result in others being unable to access funds for emergency purposes.

I/we agree that if I/we default on repayments, information about the loan may be passed on to the Department for Work and Pensions for their consideration of deductions at source from the benefits that I/we am/are, or will become, entitled to.

I/we, ..... hereby authorise NILS to take up enquiries and receive information on my/our behalf.

**Signed:** ..... **Date:** .....

**Approved:** ..... **Date:**.....

**Trustee Name:**.....

**General Data Protection Regulation 2018**

NILS collects information from you when you apply for assistance. To process your request for assistance we may need to contact you by phone, text, email or post and you can change the way you want us to contact you at any time. We treat your privacy and personal information with respect and never share your details with any third party unless necessary in order to process your application, and only with your permission. You are always in control of the information we hold about you. Should you wish to review it you can do so by contacting us on [enquiries@nils.org.uk](mailto:enquiries@nils.org.uk).

Please confirm you consent to communication from NILS by ticking the box below:

I/we consent to NILS contacting me/us