



ISM Members Fund Application *

CONFIDENTIAL

Name _____

Address _____

Postcode _____

Telephone (home) _____ (mobile) _____

Email _____

Marital status _____

Date of birth _____ Partner's date of birth _____

Age of children under 18 _____

Are you, or have you been, an ISM member? _____

If you are a dependant of a member, please state member's name and your relationship

Occupation _____ Partner's occupation _____
(If currently unemployed, please state when last employed)

If you have applied or are applying to other charitable organisations, please give details:

Name of Organisation	Date of Application	Assistance Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information in this form given by me is, to the best of my knowledge, a true and full statement of the facts. I authorise the ISM Members Fund to make confidential inquiries about my circumstances, if necessary, and to process the data that I have provided.

Signed _____ Date _____

* ISM Members Fund is the working title of the Benevolent Fund of the Incorporated Society of Musicians, registered charity number 206801.

Regular Income

(In columns headed F, please state frequency of each figure: W for weekly, M monthly, Q quarterly and A annual)

		Applicant	F	Partner	F	Office Use Only
Professional Earnings:	Income from employment (before deducting tax and NI contributions)					
	Income from self-employment (before deducting tax-allowable expenses)					
Pensions:	Occupational/Private					
	State retirement pension					
DWP payments:	Pension Credit					
	Incapacity Benefit					
	JobSeekers Allowance					
	Income Support					
	Disability Living Allowance					
	Attendance Allowance					
	Child Benefit					
	Housing Benefit					
	Council Tax Benefit					
	Other Benefits (please specify)					
	Tax Credits:	Disabled				
Child/Working						
Investment Income:	Bank/building society interest (after tax)					
	Dividends and other investment income					
Contributions from relatives and friends (including from children and maintenance/child support)						
Rents received						
Income from any other source (please specify)						
						TOTAL INCOME
						MONTHLY

Capital

(Please give the current value of applicant's and partner's holdings and state where assets are held jointly)

Bank and building society deposits

Bonds

Shares

Other savings

House/flat, if owned, and any other property owned
 (Please give total value even if there is a mortgage)

Applicant	Partner

Indebtedness

(Please give the amounts outstanding for both applicant and partner and state where debts are held jointly)

Mortgage

Bank loans

Credit card debts

Hire purchase loans

Store card debts

Gas/electricity arrears

Mail order debts

Other debts

Applicant	Partner

Reasons for Application for Assistance

(Please explain briefly, mentioning any exceptional expenditure incurred or about to be incurred and the amount involved.)

Name and Address of GP _____

The completed form should be returned to the Members Fund Officer, ISM, 10 Stratford Place, London W1C 1AA.