

Application Form

Please read the following notes and complete and return this form to:

The Welfare Officer	Telephone	020 7580 2823
Architects Benevolent Society	Fax	020 7900 6847
43 Portland Place	Email	help@absnet.org.uk
London W1B 1QH		

Applicants must be trained architects or architectural technologists or have been employed in the design process in architecture or be a dependant of such a person. The names of persons helped by the Society are confidential.

Date sent	<input type="text"/>
Date completed	<input type="text"/>
Full name of applicant	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Home telephone number	<input type="text"/>
Work telephone number	<input type="text"/>
Email address	<input type="text"/>
Next of kin / Executor	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Home telephone number	<input type="text"/>
Work telephone number	<input type="text"/>
Email address	<input type="text"/>
Signature of applicant	<input type="text"/>

1 Professional qualifications

	Self	Partner
RIBA	<input type="checkbox"/>	<input type="checkbox"/>
MAAS	<input type="checkbox"/>	<input type="checkbox"/>
CIAT	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please state below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

2 Are you, or have you ever been:

a registered architect?	<input type="checkbox"/>	<i>Please give ARB (formerly ARCUK) number</i>	<input style="width: 100px; height: 15px;" type="text"/>
a member of the RIBA?	<input type="checkbox"/>	<i>Please give RIBA number</i>	<input style="width: 100px; height: 15px;" type="text"/>
a member of CIAT or MAAS?	<input type="checkbox"/>	<i>Please give CIAT or MAAS number</i>	<input style="width: 100px; height: 15px;" type="text"/>
a member of the Landscape Inst	<input type="checkbox"/>	<i>Please give LI number</i>	<input style="width: 100px; height: 15px;" type="text"/>
employed in an architect's office?	<input type="checkbox"/>		
a dependant of an architect?	<input type="checkbox"/>	<i>Please specify relationship</i>	<input style="width: 100px; height: 15px;" type="text"/>
		<i>Please state own career</i>	<input style="width: 100px; height: 15px;" type="text"/>

3 Marital status

Married Single Widowed Divorced Separated Other

Name of spouse/partner

4 Dates of birth Self Partner

5 Children

Name	Date of birth	Home/Away	Any mental or physical disability

6 Do children contribute to expenses? *If so, please give details*

7 Have you applied to any other charitable organisations? *If so, please state which*

8 Reason for present difficulties

9 Where did you hear about the ABS?

10 Who referred you to the Society?

Income

Earnings

Please state gross or net

	Self	Partner
Weekly	Gross/Net	Gross/Net
Monthly	Gross/Net	Gross/Net
Annually	Gross/Net	Gross/Net

Other income

Please state this income **weekly**.

If you are unsure of allowances there is a breakdown on the first page of your pension or allowance book

	Self	Partner
1 State Retirement Pension	£	£
2 Widow's Pensions	£	£
3 Bereavement Allowance	£	£
4 (a) Child Benefit	£	£
(b) One Parent Benefit	£	£
(c) Guardian's Allowance	£	£
5 War Pension	£	£
6 War Widow's Pension	£	£
7 Job Seeker's Allowance	£	£
8 Statutory Sick Pay	£	£
9 Employment and Support Allowance	£	£
10 Disability Living Allowance	£	£
11 Disabled Persons Tax Credit	£	£
12 Carers Allowance	£	£
13 Severe Disablement Allowance	£	£
14 Attendance Allowance	£	£
15 Pension Credit (a) Guarantee credit	£	£
(b) Savings credit	£	£
16 Income Support	£	£
17 Housing Benefit	£	£
18 Working Tax Credit	£	£
19 Child Tax Credit	£	£
20 Child Maintenance from spouse	£	£
21 Income from property or lodgers	£	£
22 Children/Family Contribution	£	£
23 Annuity	£	£
24 Income from investments	£	£
25 Other income not already included	£	£
Please specify below	£	£
	£	£
	£	£

Expenditure

If you own a house, please state current value

£

Outstanding mortgage

£

Term remaining

years

Expenses

Please complete either weekly OR monthly

		Weekly	O	R	Monthly
1	(a) Mortgage	£			£
	(b) Endowment	£			£
2	Rent	£			£
3	Service charge	£			£
4	Council tax (Rebated? yes/no)	£			£
5	Water Rates	£			£
6	Gas	£			£
7	Electricity	£			£
8	Oil	£			£
9	Coal / Logs	£			£
10	Television	£			£
11	Telephone				
	(a) Landline	£			£
	(b) Mobile	£			£
	(c) Internet	£			£
12	Car				
	(a) Tax	£			£
	(b) Insurance	£			£
	(c) Petrol	£			£
	(d) Servicing	£			£
	(e) Hire Purchase	£			£
13	Insurance				
	(a) Buildings / contents	£			£
	(b) Other (please specify)	£			£
14	Help in house	£			£
15	Help in garden	£			£
16	Child care	£			£

Repayments

Please state whether personal or practice

		Total outstanding	Weekly repayments	O	R	Monthly repayments
17	Credit cards	£	£			£
18	Bank Loan	£	£			£
19	Other debts	£	£			£

Other expenditure

Give details and costs of any other expenditure not included above

		Weekly	O	R	Monthly
20		£			£
		£			£
		£			£
		£			£
		£			£
		£			£

Savings and assets

State the amounts in each of the following

Bank current account

£

Bank deposit account

£

Savings Certificates

£

Building Society

£

Post Office

£

Any other capital

£