

The IAB
BENEVOLENT TRUST

Date

Please answer all questions and write CLEARLY

Surname		
Forename(s)		
Full Postal Address		
Telephone no:	Marital Status	Date of Birth:

Please list below all dependants in your household

Name	Relationship (please give age if under 16)	Employment or Education status at present time
IAB Membership No:		Date Joined:

IAB Subscription paid to date: (day/month/year):	Amount of Grant Applied for: (specify your local currency)
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Please give your employment details

From	To	Position Held	Annual Earnings

Please give below the income & expenditure for the whole household

Currency of your income:	
Total <u>income</u> for past 12 months	Total <u>outgoings</u> for past 12 months
Self - Salary nett	
Partner - Salary nett	
	Mortgages / Rent / Insurances
	Clothing
	Repairs & Maintenance
	Housekeeping/Food
	Rates/Council Tax / Water
	Heating
	Travel – bus & train
Self - Rental Income gross	Less rental income expenses:
Partner - Rental income gross	Mortgage
	Agent
	Repairs
	Heating
	Water
	Other

Other Income NET - please specify	Other outgoings (please specify)
Total	Total
Expected income for next 12 months	Total outgoings for next 12 months
Self - Salary nett	
Partner - Salary nett	
	Mortgages / Rent / Insurances
	Clothing
	Repairs & Maintenance
	Housekeeping/Food
	Rates/Council Tax / Water

	Heating
	Travel – bus & train
Self - Rental Income Gross Partner – Rental income Gross:	Less rental income expenses: Mortgage Agent Repairs Heating Water Other
Other Income NET - please specify	Other outgoings (please specify)
Total	Total

NB: Your income and expenditure should be evidenced as fully as possible with bank statements, pay slips, tax return forms, proof of rent/mortgage payments, or any other papers you think may help the Trustees in reaching their decision.

Reasons for Application: continue on separate sheet if necessary.

Any other comments: (continue overleaf if necessary)

I have not applied for assistance to any other charity YES / NO

Signed

Date

Witnessed by: Name:

Address:

(this person must **not** be a relative of the applicant)

Signed: Date

Please return this form to the following address:

The IAB Benevolent Trust
c/o The Association of International
Accountants, Unit 3, Staithes, The Watermark
NE11 9SN

trust.fund@aiaaworldwide.com