**C.A.S.S. Concessions Form**

**Information:**

**Please ensure that you have thoroughly read the terms and conditions outlining** ABC **service provision on cass.org.uk before completing this application form. This ensures your awareness that services are appropriate to your needs.**

**This form should be submitted via email to** **cassmiles@btinternet.com****. Queries about any aspect of the application form or application process should also be emailed to this address.**

Every effort will be made to respond promptly to your application, however demands on the service and prior commitments may delay communication regarding the result of this application. Any decision to make a concession shall be at the absolute discretion of **C.A.S.S**.

Please note that each concession is subject to annual review. Subsequent concessions will require the re-submission of a concessions form.

Please make sure you have gone through the checklist and completed your form accordingly before sending your application.

**Application for concession checklist:**

Please note that **C.A.S.S** cannot consider applications without all the requests on the list having been met. Please tick/cross out to acknowledge you have completed the request.

**Please ensure that:**

* You have read the terms and conditions outlining service provision on **cass.org.uk**
* All sections of the application form are completed properly
* The completed application form is signed

**The following information may be required to support your application, please tick to confirm which is available.**

* Recent P60
* Three recent payslips
* Current benefit certificates.

**Application**

**1. Details of Applicant**

Name of Applicant:

Date of Birth:

Home Address (incl. postcode)

Telephone Numbers: (daytime) (mobile)……………………………………………………………

Email address:

**2. Reason for Application**

Please outline which ABC services you are applying for and the reasons for the application for a concession.

1. Services applied for:
2. Reasons for application:

**3. Current Commitments**

Please outline any commitments you have that impact on your request for a concession.

**4. Financial Circumstances**

**i)** Please complete the following chart detailing your financial circumstances.

|  |  |  |
| --- | --- | --- |
|  | Father (or Legal Guardian) | Mother (or Legal Guardian) (complete this column only if information is additional to that listed under father) |
| Full Name: |  |  |
| Occupation: |  |  |
| Number and ages of dependent children: |  |  |
| Gross Annual income: | £ | £ |
| Any other income? | Yes/No | Yes/No |
| If yes, please list sources and value (eg. trust income, pensions, annuities, social security benefits): | Source(s):Total Value, £ per year | Source(s): Total Value, £ per year |
| Do you own the home in which you reside? | Yes/No | Yes/No |
| If yes, does the home in which you reside have a mortgage? | Yes/No  | Yes/No |
| Do you have savings, capital or assets other than the home in which you reside with a value in excess of £10,000? | Yes/No | Yes/No |
| Do you have debts, other than the mortgage on the home in which you reside, in excess of £5,000? | Yes/No | Yes/No |

1. If one parent or legal guardian is completing this form, please state the reason:
2. Do you foresee any significant changes to your financial situation?

**5. Previous concession from C.A.S.S.**

Have you applied for funding from **C.A.S.S.** in the past?

**6. Please detail how you heard about C.A.S.S.**

**7. Declaration by applicant**

I confirm that all the information I have supplied in this application form is true to the best of my knowledge and belief, and contains a full statement of my financial position. I consent to the processing of my personal data for the purposes set out above.

I have read through the terms and conditions that surround this application on cass.org.uk.

Signature:

Print Name:

Date: