



# Builders' Benevolent Institution

founded 1847

The Builders' Benevolent  
Institution (BBI)  
Sparkes Farm Cottage  
Bury Road  
Thorpe Morieux  
Bury St Edmunds  
Suffolk IP30 0NT

## Application for Benefit - page 1 of 3

**PLEASE NOTE: A candidate must be or have been a Master Builder, or the wife, widow, son or daughter of a Master Builder.**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Nature of Benefit Sought  PENSION  TEMPORARY RELIEF

### **Basis of Application**

Name of building business \_\_\_\_\_

Address of building business \_\_\_\_\_

Length of time the business existed \_\_\_\_\_ Years \_\_\_\_\_ Months

Relationship to the Master Builder (Tick box)  Wife  Widow  Son  Daughter

### **Details of income** (The applicant must provide full details of their present income, including;

Interest on investments £ \_\_\_\_\_ Retirement pension £ \_\_\_\_\_ Grants from relations or ex-employers £ \_\_\_\_\_

### **Grants from -**

Dept.of Health and Social Care £ \_\_\_\_\_ Dept.of Social Security £ \_\_\_\_\_

### **Capital Assets** Please provide details of the values of;

Property owned by the applicant £ \_\_\_\_\_ Securities £ \_\_\_\_\_ Bank Balance £ \_\_\_\_\_

Building Society Deposits £ \_\_\_\_\_ House Property £ \_\_\_\_\_

### **Details of the applicants dependant relatives and their ages**

Dependant 1 Name \_\_\_\_\_ Age \_\_\_\_\_

Dependant 2 Name \_\_\_\_\_ Age \_\_\_\_\_

Dependant 3 Name \_\_\_\_\_ Age \_\_\_\_\_

### **Residence** - Does the applicant (Please tick relevant boxes)

Live in their own property  In rooms with relative  Own their furniture

How much rent is paid per month? \_\_\_\_\_



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## Application for Benefit - page 2 of 3

### Health

Is the applicant able bodied?  Yes  No

If not, please state the nature of incapacity necessitating regular medical attention.

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Does the applicant have any paid employment?  Yes  No

Does the applicant intend to seek paid employment?  Yes  No

If yes to either question above, please give details.

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Are there any special circumstances that the applicant considers relevant to submit in support of this application?

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### Declaration

I hereby make application for my case to receive consideration by the Management Committee of the Institution.

I declare the foregoing particulars given by me to be true to the best of my knowledge and belief.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Signed by the applicant before me \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Description \_\_\_\_\_

*(This form should be witnessed by a responsible person to whom the applicant is well known).*

Note, If any untrue statement is discovered before the applicant's case is considered, or if any relevant information is withheld the Committee may declare him or her ineligible for consideration; or if such untrue statement be not discovered until after the award of benefit, or if he or she shall, in the opinion of the Committee, commit any act injurious to the interests of the Institution, or become possessed of any property or resources, which in the opinion of the Committee would have rendered him or her ineligible, his or her pension, or receipt or relief may be immediately stopped by the committee.

#### Extract from Rules - Pensions and Benefits

**The object of the Institution is the assistance of (i) persons in need who have been (or who are) engaged in the building trade as Master Builders (ii) the wives, widows and children of any such persons being in need of assistance.**

**For purposes of carrying the above object into effect but not further or otherwise the Institution shall have the following powers:**

- 1 The making of weekly or other periodical allowance**
- 2 The granting of pensions**
- 3 The giving of sums of money and/or the making of loans by way of temporary relief**
- 4 The establishing and maintaining of a home or homes open to persons who have been declared and nominated as eligible candidates by the Institution or persons in need nominated by the Builders' Clerks' Benevolent Institution and /pr Making grants and/or paying subscriptions towards the establishment and maintenance of a home open to such persons.**
- 5 To do all other things as shall further the attainment of the above objects.**

**For the purpose of the rules only, the term "Master Builders" shall be deemed to include persons engaged as:**

- Master Bricklayers
- Master Plasterers
- Master Slaters
- Master Tilers
- Master Plumbers
- Master Carpenters and Joiners
- Master Masons
- Master Painters

Registered Charity 212022



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## Weekly income and expenditure - page 3 of 3

Weekly income	£	Weekly expenditure	£	Arrears
<b>Earnings</b>		<b>Mortgage</b>		
• Wages/salary (Applicant)		<b>Second Mortgage</b>		
• Wages/salary (Spouse/Partner)		<b>Rent</b> (less Housing Benefit)		
• Maintenance/CSA receipts		<b>Council tax</b> (less Council Tax Benefit)		
• Sub-letting/boarders etc.		<b>Gas</b>		
		<b>Electricity</b>		
<b>Pensions (Applicant)</b>		<b>Magistrates court fines</b>		
• Occupational Pension		<b>Maintenance/ CSA payments</b>		
• State Retirement Pension		<b>Water rates/ sewage charges</b>		
• War Disablement Pension %		Telephone		
• State Widows Pension/ Bereavement Allowance		TV/Video/Satellite/Cable		
• War Widow's Pensions/ AFFP Pension		Ground rent/Service charge		
		Building/contents insurance		
<b>Pension (Spouse/partner)</b>		Other housing costs		
• Occupational pension		Mortgage endowment policy		
• State retirement pension		Life insurance		
• War disablement pension %		Other insurance(s)		
• State widows pension/ bereavement allowance		Other fuel (incl oil, coal, calor gas)		
• War widow's pensions/ AFFP pension		Pension contributions		
		Housekeeping (incl food, laundry, cleaning materials, newspapers, pocket money etc.)		
<b>State benefits</b>		Car costs (incl insurance, MOT, running costs etc.)		
• JSA/Income Support (applicant)		Travel costs (incl taxis and buses)		
• JSA/Income Support (spouse/partner)		School meals/ meals at work		
• Disability-related benefits – specify		Clothing		
• Family/child-related benefits – specify		Prescription/health costs		
• Other benefits – specify		Carer/childcare costs		
• All other income (eg. contributions from other household members)		Liabilities/debts		
		Other expenditure (please specify)		
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURE</b>		