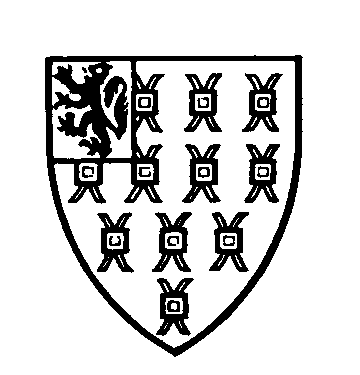
The Honourable Society of Lincoln’s Inn



|  |  |  |  |
| --- | --- | --- | --- |
| Anne Sharp  UNDER TREASURER  \_\_\_\_\_\_\_\_ |  |  | |
| TREASURY OFFICE: 020 7405 1393  FAX: 020 7831 1839 |  | TREASURY OFFICE  LINCOLN’S INN  LONDON WC2A 3TL | |
|  |  | |  |

**Application for rent assistance relating to the direct impact of the COVID-19 pandemic**

Completed application forms must be submitted via email to: [rentassistance@lincolnsinn.org.uk](mailto:rentassistance@lincolnsinn.org.uk).

**Which type of lease do you hold with the Inn?**

Bar tenant ❑ Commercial tenant ❑

**Contact and Property Details:**

|  |
| --- |
| **Chambers or Commercial Tenants** |
| Chambers or Company name: |
| Practice area(s) or nature of the business |
| Demised premises application refers to (add a further sheet if required) |
| Contact Name:  Position: |
| Email Address |
| Contact telephone number: |

**Please note:**

All information provided and supporting evidence will be treated in confidence and in accordance with latest GDPR requirements.

Consideration will only be given if hardship has been demonstrated to relate to COVID-19

Decisions will be made by a small committee of Benchers, based on anonymised information.

Please note that any Guarantor(s), will need to be notified of any change in payment terms agreed, and their agreement may be required before any application is approved.

Interest may be charged should the revised payment terms not be adhered to.

Please answer the relevant questions:

1. **For which quarter of rent are you seeking assistance?**

|  |  |
| --- | --- |
| 25 June to 28 September 2020  What proportion of rent do you wish to be considered? | ❑  1 month/ 2 months/ full quarter |
| 29 September to 24 December 2020  What proportion of rent do you wish to be considered? | ❑  1 month/ 2 months/ full quarter |
| 25 December 2020 to 24 March 2021  What proportion of rent do you wish to be considered? | ❑  1 month/ 2 months/ full quarter |

1. **What form of assistance are you seeking?**

Agreement to monthly payment in arrears: ❑ Deferral of Rent: ❑

If you are seeking deferral, please set out the repayment arrangements which you would propose:

…………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Please provide a short description of** **the impact of the pandemic on your organisation or personal circumstances that have resulted in hardship:**

…………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Have you applied for any of the following government assistance? If the assistance is a loan or deferral, please note when the liability is due.**

|  |  |
| --- | --- |
| Coronavirus business interruption loan scheme | ❑  Application pending/ decision made  Value awarded £………..  Repayment due: |

|  |  |
| --- | --- |
| VAT return deferral scheme | ❑  Application pending/ decision made  Value deferred: £………..  Repayment due: |
| Business Rates Holiday | ❑  Application pending/ decision made  Value waived: £………..  Repayment due: |
| Coronavirus Job retention scheme | ❑  Monthly payment expected: £……….. |
| Statutory Sick Pay rebate | ❑  Rebate received: £……….. |
| Support for businesses paying tax: Time To Pay Service | ❑  Application pending/ decision made  Value deferred: £………..  Repayment due: |

Other – please specify

…………………………………………………………………………………………………………… ……………………………………………………………………………………………………………

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1. **Please explain how the pandemic has impacted income and/or trading profits.**

…………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………… ……………………………………………………………………………………………………………

**Please attach, where possible, relevant financial data to demonstrate the impact of the pandemic, with relevant comparable data from previous periods.**

|  |  |
| --- | --- |
| Value of all work billed and paid as of the month end for the last three months : | |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |
| Value of all work billed that remains unpaid, split in 30 day periods, as of the month end for the last three months: | |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |
| Value of any work that has been completed but not yet billed for the last three months: | |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |
| Value of any work that is currently ongoing but not yet completed or billed for the last three months: | |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |

|  |  |
| --- | --- |
| Annual Financial Statements  *Period Covered:* | ❑ |
| Monthly Management Accounts  *Period Covered:* | ❑ |
| Quarterly Management Accounts  *Period Covered:* | ❑ |

1. **Please provide the following balances held in the name of the entity as of today:**

|  |  |
| --- | --- |
| Bank Balance: £………………….. | Investment Value: £……………. |
| Savings/Instant Access Balance: £………….. |  |

1. **Please identify any significant liabilities due imminently:**

…………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Have you been able to claim on your insurance policies for loss of income, business interruption or sickness cover?**

Insurance claim made? Yes ❑ No ❑

Application successful? Yes ❑ No ❑

Value offered/received: £ …………….

Please provide any additional details:

………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Have you or do you plan to seek financial assistance from any other organisation or scheme not detailed above?**

Yes ❑ No❑

Name of other organsiation: ……………………………………………………….

Application successful? Yes ❑ No ❑

Value offered/received: £ …………….

1. **Please provide any other information you think relevant in order to assist the Inn in reaching its decision in accordance with its published policy.**

Additional Information provided: Yes ❑ No ❑

**Declaration**

I, (name) …………………………………………………… confirm I have the authority to provide such information.

Date: …………………….I, (name)……………………………………………………. confirm that the information I have given is true to the best of my knowledge and belief.