The Honourable Society of Lincoln’s Inn



|  |  |  |
| --- | --- | --- |
| Anne SharpUNDER 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.

**Residential Applications only**

**Contact and Property Details:**

|  |
| --- |
| **Residential Tenants** |
| Full Name:  |
| Current status:Retired/ employed barrister/ self-employed barrister/ judge/ pupil/Area of practice, if applicable: |
| Demised premises application refers to: |
| Is this your only residence? Yes / No |
| 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.

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

|  |  |
| --- | --- |
| Self-employment Income Support Scheme | ❑Application pending/ decision madeValue received: £……….. |
| Self Assessment Tax deferral | ❑Application pending/ decision madeValue deferred: £……….. |
| VAT return deferral scheme | ❑Application pending/ decision madeValue deferred: £………..Repayment due:  |
| Universal credit | ❑Application pending/ decision madeValue received: £……….. |

Other – please specify, e.g. mortgage payment holiday, credit card loan holiday, etc.

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

1. **Please explain how the pandemic has impacted income.**

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

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

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

If employed:

|  |  |
| --- | --- |
| Last three months’ payslips*Period Covered:* | ❑ |

If self employed:

|  |  |
| --- | --- |
| Last three months’ bank statements with income highlighted*Period Covered:* | ❑ |
| Value of any work in progress outstanding for the last three months: |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |
| Value of any outstanding billings for the last three months: |
| Month: | Value: £……………….. |
| Month | Value: £………………... |
| Month | Value: £……………….. |

1. **Please provide the following balances as of today:**

Bank Balance: £………

Savings Value: £………

Investment Value: £………

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 Charity, Society or Institution and if so, which one?**

Yes ❑ No❑

Name of charity, society or institution: ……………………………………………………….

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 that the information I have given is true to the best of my knowledge and belief.