OFFICE USE ONLY			
CASE#	DATE RECEIVED		
	1 1		

## **Application for Assistance**All information supplied is confidential

SEND APPLICATION TO: welfare@nswsesva.org.au

## **PLEASE PRINT**

Family Name	Given Name (s)		
Address		SuburbState	
Postcode			
Contact Phone Number(s)	Contact Email Address		
SES ID NumberL	ength of ServiceUnit	VA Member_Y/N	
Dependants: Y/N	Marital Status: Married Single	Partner Divorced Widowed	
Wholly maintained (Number)	Adult(s):	Children:	
Partially maintained (number)	Adult(s):	Children:	

## 

Income		<u>Expenses</u>			
	<u>\$</u>	F/M		<u>\$</u>	<u>F/M</u>
SELF			RENT/MORTGAGE		
DEPENDANTS			RATES		
SOCIAL SECURITY			ELECTRICITY		
COMMUNITY RAISED e.g.			GAS		
GoFundMe					
OTHER (PLEASE STATE)			PHONE & INTERNET		
			OTHER (PLEASE STATE)		
TOTAL			TOTAL		

## PLEASE COMPLETE PAGE 2 OF THIS FORM

Other Support O <sub>l</sub>	otions
------------------------------	--------

(a) Have you received any type of support or other financial assistance from the Volunteers Association previously? YES / NO If YES, please provide details, including the amount of assistance and date received, and details of the reason/purpose assistance was provided. (b) Have you received or applied for any type of support or financial assistance from any other organisation or body relating to the circumstances contained within this application? YES / NO If YES, please provide details, including the total \$ amount and dates (received or applied for). Form of Assistance Required Provide details of hardship, financial support requirements, or circumstances of being disadvantaged and need for support funds requested. (IF INSUFFICIENT SPACE USE ANOTHER SHEET) NOTE: If financial assistance is required, specify to whom payment should be made, amounts required. If application is approved, copies of accounts are to be provided. Certification I declare the above details to be true and correct. I understand that this is an application only and may not necessarily result in funding approval, which is at the discretion of the Volunteers Association Welfare Fund Committee.

I further declare that, should this application be approved, any conditions specified by the

Signature of applicant Date

Volunteers Association Welfare Fund Committee will be met.

Version 5.0 March 2019