

Application for Benevolence Assistance (Confidential)



Applicants Details

Full Name: _____ Date of Birth _____/_____/_____

Residential Address: _____

Telephone: _____ Email: _____

Occupation: _____ Length of Employment*: _____

* *If currently unemployed please state previous job/ how long have you been unemployed for?* _____

Please **circle** the option which best describes your housing situation:

Own Home outright / Own home with Mortgage / Renting / Other _____

Please **circle** your Martial Status:

Married/ Single / Sole Parent / Widowed / De-facto Partnership / Separated

Are you an Australian Citizen? *Yes / No*

If No what is your country of citizenship _____

Are you of Aboriginal or Torres Strait Islander origin? *Yes / No*

Spouse/Partner Details

Full Name: _____ Date of Birth: _____/_____/_____

Residential Address: _____

Telephone: _____ Length of Partnership: _____

Occupation*: _____ Length of Employment: _____

* *If currently unemployed please state previous job/ how long have you been unemployed for?* _____

Dependents (Under 18 years of age)

Do you have any Dependents? *Yes / No*

| Name | Relationship | DOB | Year Level at School |
|------|--------------|-----|----------------------|
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Family Circumstances - Short Description

(Please describe the circumstances leading to this Benevolence assistance application)

Details of Assistance Requested

Please indicate below the expenses for which you are requesting assistance

| Item/Service/Bill | Date needed | Cost (\$) |
|-------------------|-------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments - _____

Financial Details

Household Monthly Income

Applicant Partner

Total Income (Salary, centrelink/pension, Business Income etc.): \$ _____ \$ _____

Bank Interest/ Investment Income: \$ _____ \$ _____

Other: \$ _____ \$ _____

**Financial Details continue -
Combined Household Monthly Expenses:**

Mortgage Repayments \$ _____

Rent \$ _____

Rates including Water \$ _____

House and/or Contents Insurance \$ _____

Vehicle Expense (fuel, Insurance, Registration & Maintenance) \$ _____

Food Expenses \$ _____

Telephone/ Internet (Home and Mobile) \$ _____

Electricity/Gas Expenses \$ _____

Private Health Insurance Expenses \$ _____

Essential Travel Expenses (Go card, Bus tickets etc.) \$ _____

Medical/Hospital Expenses \$ _____

Credit card (minimum monthly repayment) \$ _____

Loan Repayments (excluding credit card payments) \$ _____

Dependent Expenses (School Costs etc.) \$ _____

Other (Life Insurance, Super payments, Memberships etc.) \$ _____

Total \$ _____

Assets - (Items of Value) - Property

Address: _____ Value \$ _____

Address: _____ Value \$ _____

Other Assets - Car, Boat, Caravan, Farm Assets, Business Assets

Type _____ Value \$ _____

Type _____ Value \$ _____

Type _____ Value \$ _____

Savings/ Investments

Type _____ Value \$ _____

Type _____ Value \$ _____

Liabilities - (Money owed to other Organisations or People)

Mortgages

| Date Commenced | Organisation/ Person | Initial Amount Borrowed | Amount Owing |
|----------------|-------------------------|----------------------------|--------------|
| | | | |
| | | | |
| | | | |

**Other Commitments (credit Cards, Centrelink Advance/Loans, Overdrafts,
Personal Loans, Overdue Accounts, Hire Purchases, Privately borrowed money)**

| Date Commenced | Organisation/ Person | Initial Amount Borrowed | Amount Owing |
|----------------|-------------------------|----------------------------|--------------|
| | | | |
| | | | |
| | | | |

Have any other funding bodies/charities been engaged/approached for assistance?
Yes / No If yes, please provide details and outcomes - _____

Can any of these items be funded through government funding? Yes/ No

Protecting your Privacy

All information provided by you will be treated in accordance with our Privacy Policy and our obligations under the Privacy Act 1988 (COM), Information Privacy Act 2009 (QLD) and the Australian Privacy Principles (APP)

I give consent to POP Foundation to collect and record my personal details including information about my health and financial situation for the purpose of providing me or someone else I know with a service. This information will only be used for internal assessment and processing purposes.

Declaration

I/We declare that have read and agree to POP Foundations privacy guidelines. I/We understand that if I/We do not provide all the information requested, that I/We might not be eligible to receive assistance from POP Foundation. I/We certify that the information provided on this application is true and correct. I/We understand that withholding information or providing false information may result in POP Foundations refusal of this application. If an application containing false or misleading information is accepted by POP Foundation and support is provided I/We may be legally required to reimburse POP Foundation up to the amount they provided.

Applicant

Full Name _____ Signature _____

Date _____

Spouse/Partner

Full Name _____ Signature _____

Date _____

Terms and Conditions

All applications for charitable assistance are to be made on the appropriate form (Application for Benevolence Assistance form) provided by POP Foundation. Each Application needs to be signed by the Applicant and Spouse/Partner. Further Documentation and evidence may be requested by POP Foundation at any staged if need be. Each Application is assessed by POP Foundations assessment panel, who will make decisions around what assistance (if any) can be provided. Each Application is assessed on a case-by-case basis. POP Foundation reserves the right to reject claims without explanation. Each assessment decision is final and non - negotiable.
