

## APPLICATION FOR ASSISTANCE

ALL INFORMATION SUPPLIED IS CONFIDENTIAL

**PLEASE ANSWER ALL SECTIONS**

Office Use Only	
Case #	Date Received
/ /	/ /

**PLEASE PRINT**

FAMILY NAME:		GIVEN NAME(S):	
BRIGADE/PAY NUMBER:		STATION/DEPT:	
RESIDENTIAL ADDRESS:.....			
..... STATE: ..... POST CODE: .....			
TELEPHONE	AFTER HOURS:	MOBILE:	WORK:

**PLEASE TICK APPROPRIATE BOX**

MEMBER OF THE FUND: YES <input type="checkbox"/> NO <input type="checkbox"/>		MARITAL STATUS:	
		MARRIED <input type="checkbox"/> PARTNER <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	
DEPENDANTS: YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHOLLY MAINTAINED (NUMBER)	ADULT(S):	CHILDREN:	
PARTIALLY MAINTAINED (NUMBER):	ADULT(S):	CHILDREN:	

**PLEASE CIRCLE APPROPRIATE ANSWER    F = FORTNIGHT    M = MONTHLY**

INCOME:			EXPENSES:		
	\$	F/M		\$	F/M
SELF:		F/M	RENT / MORTGAGE:		F/M
DEPENDANTS:		F/M	RATES:		F/M
SOCIAL SECURITY:		F/M	ELECTRICITY:		F/M
OTHER (PLEASE STATE):		F/M	GAS:		F/M
		F/M	PHONE:		F/M
		F/M	LOAN REPAYMENTS:		F/M
		F/M	OTHER (PLEASE STATE):		F/M
		F/M			F/M
		F/M			F/M
		F/M			F/M
		F/M			F/M
<b>TOTAL:</b>		F/M	<b>TOTAL:</b>		F/M

**PLEASE COMPLETE PAGE 2 OF THIS FORM**

## ***APPLICATION FOR ASSISTANCE*** Page 2

**FORM OF ASSISTANCE REQUIRED:** (PROVIDE DETAILS – IF INSUFFICIENT SPACE USE ANOTHER SHEET)

**NOTE:** IF FINANCIAL ASSISTANCE IS REQUIRED, SPECIFY TO WHOM PAYMENT SHOULD BE MADE.

IF APPLICATION IS APPROVED, COPIES OF ACCOUNTS ARE TO BE PROVIDED.

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**I DECLARE THE ABOVE DETAILS TO BE TRUE.**

**SIGNATURE OF APPLICANT:** ..... **DATE:**...../...../.....

<b>office use only</b>			
CASE NUMBER: ...../...../.....	APPROVED: YES/NO	MEETING / PHONE AROUND	DATE: ...../...../.....
LEVEL OF ASSISTANCE GRANTED (AMOUNT):			
CASE REPORTED BY:			
COMMITTEE PERSON:		COMMITTEE PERSON:	
COMMITTEE PERSON:		COMMITTEE PERSON:	
COMMITTEE PERSON:		COMMITTEE PERSON:	
RATIFIED: YES / NO	DATE OF PAYMENT:     /     /	CHEQUE #	

**SIGNED BY SECRETARY:** ..... **DATE:**...../...../.....