

Attach supporting documents here.

Application for assistance

Please send completed Application Form with supporting documentation setting out special circumstances to:-

The Secretary
The Walter and Eliza Hall Trust,
PO Box A2263
SYDNEY SOUTH NSW 1235

Telephone: (02) 9264 9480
Facsimile: (02) 9264 3040
Email: wehalltrust@bigpond.com
Web: www.wehalltrust.org.au

PLEASE COMPLETE BOTH SIDES OF THE FORM - PLEASE USE BLOCK LETTERS

Applicant's details

	<u>Applicant</u>	<u>Partner (if applicable)</u>
Surname		
Given Names		
Date of Birth		
Address: _____ _____ Postcode: _____		
Marital Status		
Are you an Australian Citizen?	Yes/No (Strike out whichever not applicable)	Yes/No (Strike out whichever not applicable)
If no, comment on Residency Status		

Dependants:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Applicant/s</u>

Employment Details:

	<u>Applicant</u>	<u>Partner (if applicable)</u>
Occupation (if applicable)		
Unemployed	Yes/No	Yes/No
Retired	Yes/No	Yes/No
CentreLink Beneficiary	Yes/No	Yes/No
Type of Benefits received		

Request Details:

Amount sought: \$ _____ Purpose: _____

Other Charity assistance: _____ Obtained / Unavailable / Sought Details: _____

Family Assistance: _____ Obtained / Unavailable / Sought Details: _____

Time Payment plans for rental or utility arrears: In place / Not viable / Refused (if applicable)

Details: _____

PLEASE COMPLETE THE STATEMENTS OF ASSETS AND LIABILITIES AND INCOME AND DISBURSEMENTS ON THE OTHER SIDE OF THIS PAGE.

Statement of Assets and Liabilities

Assets and Liabilities

Do you own your own home? Yes / No If Yes, what is the approx. value? \$ _____

Amount owing on mortgage (if any)? \$ _____

Do you own a car? Yes / No If yes, Make _____ Model _____ Year _____

Amount owing on car (if any) \$ _____

Do you have any other outstanding debts? Yes / No If yes, please provide details.

<u>Creditor</u>	<u>Amount Owing</u>	<u>Repayments (per month)</u>

Income

Wages (after tax) \$ _____ per month

CentreLink Benefits \$ _____ per month

Other income* \$ _____ per month

TOTAL: \$ _____

*Please provide details of additional income here: _____

Outgoing Expenses

Mortgage repayments \$ _____ per month

Rent \$ _____ per month

Car expenses \$ _____ per month

Car loan repayments \$ _____ per month

Food \$ _____ per month

Electricity/Gas \$ _____ per month

Telephone \$ _____ per month

Education \$ _____ per month

Chemist/Medical \$ _____ per month

Public Transport \$ _____ per month

Debt repayments \$ _____ per month

TOTAL: \$ _____

I certify that the above information is correct.

Signature of Applicant

Applicant's Name: _____

Date: ___ / ___ / _____

Signature of Social Worker

Name : _____

Organisation: _____

Date: ___ / ___ / _____

Have you completed the other side of this form?