

**CONFIDENTIAL**  
**WA AGED SAILORS, SOLDIERS & AIRMEN'S**  
**RELIEF FUND TRUST**  
**APPLICATION FOR ASSISTANCE**

PLEASE PROVIDE A BRIEF OUTLINE OF REASONS FOR REQUEST FOR ASSISTANCE:  
(Please print)

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Are you a member of the RSL? (Yes/No)

If yes, which Sub-Branch? \_\_\_\_\_

Details of Op. Service or Unit: \_\_\_\_\_

Army   
 Navy   
 Airforce   
Service No    
DVA No

Questions to be answered by the Applicant (please print)

**SECTION 1 PERSONAL DETAILS**

	APPLICANT	APPLICANT'S PARTNER
NAME		
DATE OF BIRTH		
ADDRESS		
PHONE NUMBER		
MARITAL STATUS		

DEPENDENT CHILDREN		
PREVIOUS ASSISTANCE		

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FINANCIAL INFORMATION			
JOINT FORTNIGHTLY INCOME		FORNIGHTLY COMMITTED EXPENDITURE	
WAGES	\$	RENT/ MORTGAGE	\$
INCOME FROM SUPERANNUATION	\$	FOOD	\$
DVA PAYMENTS	\$	TRANSPORT	\$
CENTRELINK BENEFITS	\$	ELECTRICITY/GAS/WATER	\$
CHILD SUPPORT RECEIVED	\$	RATES/HOUSE & CONTENTS INSURANCE	\$
OTHER INCOME	\$	MEDICAL EXPENSES	\$
		CHILD SUPPORT PAYMENTS	\$
	\$	EDUCATION	\$
	\$	PERSONAL SPENDING	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
VALUE OF ASSETS			
VALUE OF ASSETS		LIABILITIES	
HOME (VALUE)	\$	MORTGAGE (TOTAL OUTSTANDING)	\$
CONTENTS (VALUE)	\$	CREDIT CARD TOTAL DEBT	\$
MOTOR VEHICLE/S	\$	PERSONAL LOANS	\$
BANK ACCOUNTS	\$	INVESTMENT LOANS	\$
INVESTMENT PROPERTY/IES	\$	OTHER DEBTS	\$
SHARES (VALUE)	\$		\$
MANAGED FUNDS	\$		\$
OTHER INVESTMENTS	\$		\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
DETAILS OF OUTSTANDING DEBTS			
TYPE OF DEBT (credit card, personal loan, mortgage)	BALANCE OUTSTANDING	MINIMUM MONTHLY REPAYMENT	Are the payments up to date?

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## DECLARATION OF APPLICANT

I, \_\_\_\_\_ solemnly declare that the information provided is full and correct. I accept that the WA Aged Fund Trustees' decision is final and no other details will be provided to me. In the event that my application is approved and the Fund makes a payment on my behalf on which GST is paid. I waive any claim I may have in respect to any GST paid in favour of the WA Aged Sailor's Soldiers and Airmen's Relief Fund Trust

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Authorised Witness \_\_\_\_\_ Print Name \_\_\_\_\_

## PRIVACY POLICY

The WA Aged Sailors', Soldiers' & Airmen's Relief Fund Trustees are committed to respecting the privacy of individuals. Personal information is collected, used, corrected, disposed of or transferred in accordance with the *National Privacy Principles* and *The Privacy Act of 1988*, as amended.

## SECTION 3 RECOMMENDATION - To be completed by the Trustees

This application is submitted in accordance with regular meeting held \_\_\_\_\_

It is our opinion that assistance **should/should not** be given.

### Reasons for Decision:

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Signed by:                    **Chairman**                    \_\_\_\_\_  
                                         **Trustee**                        \_\_\_\_\_  
                                         **Trustee**                        \_\_\_\_\_

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Phone Enquiries (Direct) - 9287 3707