



IBN Charitable Foundation

6.0 Income-tested Assistance

1 First name Last name

2 Date of birth

3 Language group (tick one box only)
 Yinhawangka Banyjima Nyiyaparli

4 Residential address *(this must be your registered address with IBN)*

7 Do you have any dependent children in your care?
 No Yes ► How many children?

8 Have you received financial assistance from any other trust(s) within the past three months?
 No Yes ► Please tell us how much you received
 Name of organisation Amount

If this not your registered address with IBN you will need to complete the Update Personal Details form before we can process your application

5 Phone
 6 Email address

9 The Member Essentials Program can help with the below items. Please tick the box that best describes the type of assistance you are requesting:

Food vouchers Telephone bill
 Rental assistance for members at risk of eviction (maximum of 4 weeks)

10 Assistance requested. **Please attach bills, quotes, or other documents to help in assessing your application.**

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Telephone bill	Telstra	\$265.70
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

11 What recent unexpected event(s) or emergency has caused you to be in financial hardship?
Please attach any paperwork that proves you are in financial hardship.

12 I declare that the above information is true and the assistance requested is for my own use or for my child's/children/dependent's use. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature Date

Office use only Date received CP#

IBN Corporation Pty Ltd
ACN 093 140 240