

## 6.1 Income-tested Assistance

**This program assists with food, telephone bills and rental assistance for members at risk of eviction when other help is not available. To ensure IBN's resources continue to be available to those most in need this program requires proof of financial hardship.**

**Please tick the box that describes the assistance you are requesting:**

- Food vouchers (maximum of six per year, and no more than one per month)
- Telephone bill (50 per cent of a fixed line or mobile telephone bill, up to \$1,000 per financial year. No extras .i.e. games, data, Foxtel).
- Rental assistance (Up to four weeks rent in arrears with notice of eviction issued in name of member applying)

**Need help with this form? Freecall 1800 014 401**

### Returning this form

Email: applications@ibngroup.com.au  
Post: PO Box 2390, South Hedland, WA, 6722  
Fax: (08) 9140 0998  
In person: 3 Brand Street, South Hedland  
973 Central Road, Tom Price  
Unit 3, 4 Welcome Road Karratha

### Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit [ibngroup.com.au](http://ibngroup.com.au)

### Required documentation

See 'Attachments' check box. Applications cannot be processed until all required documentation is provided.

### Processing time

3-5 working days once all required documentation is received.

### IBN Community Member applying for assistance

1 Mr Mrs Miss Ms Other  
Snr Jnr  
First given name

Second given name

Last name

2 Have you been known by any other name?

No  
Yes ▶ Provide name

3 Your date of birth

4 Your gender

Male Female

5 Language group  
Yinhawangka Banyjima Niyaparli

6 Mobile phone number  
(to be used to advise you of the progress of your application)

7 Email address

8 Current home address

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Postcode

9 Is your current address the same address you registered with IBN?  
No ▶ You will need to complete an 'Update personal details form' and attach it to this application.

Yes

10 Have you received financial assistance from any other trust(s) in the past three months?

No

Yes ▶ Name of organisation

Amount

### Who are you seeking assistance for?

11 Are you applying for assistance for yourself?

No ▶ Go to question 12

Yes ▶ Go to question 13

12 You **must** be a legally responsible parent, adoptive parent or guardian of the dependent child/children you are seeking assistance for.

Are you applying for assistance for a dependent child/children legally in your care?

No ▶ You cannot apply for assistance for a child/children not legally in your care.


Yes ▶ How many children?

## Assistance requested

<b>13</b>	Expense 1	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 2	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 3	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 4	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>
	Expense 5	Name of supplier to be paid	Amount required
			<input type="text" value="\$"/>

**14** Please describe the recent unexpected event(s) or emergency has caused you to be in financial hardship?

## Attachments

**15**  To enable IBN to assess your application quickly and accurately you must provide evidence of financial hardship, such as:

Current payslips
Centrelink income statements
Bank statements
Household bills
Police report
Medical assessment
Statement from a social worker
A fully itemised telephone bill <i>(if claiming assistance with telephone bill)</i>
Notice of eviction in name of the IBN Member making the application; the address must match the member's registered address with IBN <i>(if claiming rental assistance)</i>
Supplier quotes/invoices including supplier payment details
To claim benefits for dependent children, the responsible IBN member/guardian must register their child with IBN and provide evidence of legal guardianship
<b>Dependent child/children</b>
Dependent Child Advice form <i>(if relevant)</i>

## Declaration

**16 I declare that:**

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use or for the use of a dependent child/children legally in my care.

**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#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240