

4.1 Household Essentials

This program provides up to \$2,200 (Pilbara-based members) or \$1,900 (non-Pilbara members) per financial year to spend how they choose on a range of essential household expenses.

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

- Utility bills: electricity, water, gas and gas bottles
- Household appliances: refrigerator, freezer, washing machine, air conditioner, heater (including delivery and installation)
- Basic furniture: dining table and chairs, bed and bedding (mattress, pillows, linen, blankets, swag)
- Skip bins
- Vehicle repairs and servicing, including maintenance, tyres, registration and insurance
- Council rates
- Food vouchers

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

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 Niyiyaparli

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

7 Email address

8 Current home address

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

Assistance requested


10	Expense 1	Name of supplier to be paid	Amount required \$ <input style="width: 80px;" type="text"/>
	Expense 2	Name of supplier to be paid	Amount required \$ <input style="width: 80px;" type="text"/>
	Expense 3	Name of supplier to be paid	Amount required \$ <input style="width: 80px;" type="text"/>
	Expense 4	Name of supplier to be paid	Amount required \$ <input style="width: 80px;" type="text"/>
	Expense 5	Name of supplier to be paid	Amount required \$ <input style="width: 80px;" type="text"/>

Office use only

Date received / / CP#

Received by
 IBN Corporation Pty Ltd | ACN 093 140 240

Attachments

- 11**  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Supplier quotes/invoices including supplier payment details
(home address on quote(s) and delivery instructions must match the members registered address with IBN)

Declaration

12 I declare that:

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use.

I agree to:

- my information being shared with or checked by other organisations for application assessment purposes.

Signature

Date