

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 / fuel voucher or card
- Private health insurance premiums

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 'Required Documentation' check box. Applications cannot be processed until all required documentation is provided.

Processing time

Up to 7 working days once all documentation is received.

IBN Community Member applying for assistance

1 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 Other

5 Language group

Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

This is my current number, please update my record

This is a temporary number, please do not update my record

7 Email address

8 Current home address

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

Expense 2

Name of supplier to be paid

Amount required

Expense 3

Name of supplier to be paid

Amount required

Expense 4

Name of supplier to be paid

Amount required

Expense 5

Name of supplier to be paid

Amount required

Office use only

Date received CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240


11 If your application involves a request for fuel or food indicate if you require a voucher or *card below:

Food voucher Food card

Fuel voucher Fuel card

**Cards only available at participating outlets*

Required Documentation

12  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 member's registered address with IBN)

Declaration

13 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