

# **EMERGENCY GRANT APPLICATION**

Name			
Email		Phone	
Address			
Date of Birth		Usual Industry Occupation	
	No. years of professional work		
Age	ency or Representation (if applicable)		
Please provide details	of a <b>SUPPORT PERSON</b> or someone cl	ose to you:	
Name			
Email		Phone	
	ED V for a combination of food vouchers and W may fund all or part of your request at		
Food/Fuel Vouche	r'S		
Combination of C	ash and Vouchers		
Cash Amount Requested			
Vouchers Requested \$100 each (up to 4 per person available)			



## PLEASE COMPLETE THE FOLLOWING REQUEST FOR INFORMATION

Please outline th with (300 words	ne reason you req s max).	uire assistance,	including details	s of any specific	bills you requir	e assistance

### FINANCIAL DETAILS

To help us process your request, we are required to ask you for the following information about your financial circumstances.

## INCOME - Please list your current monthly income from:

Salary or wages	\$
Pension	\$
Benefits	\$
Investments	\$
Other	\$
TOTAL INCOME	\$



## **ASSETS**

Please list the approximate value of your assets

Savings	\$
Property	\$
Car	\$
Shares, managed funds	\$
Other	\$
TOTAL ASSETS	\$

## **EXPENSES**

Please give us an approximation of your monthly expenses

Rent / mortgage	\$
Food	\$
Car	\$
Utilities	\$
General living expenses	\$
Debt repayments	\$
Other	\$
TOTAL EXPENSES	\$



#### LIVING ARRANGEMENTS

Are you living with a partner?	Yes	No	
If yes, do they contribute to the household finances	Yes 🗌	No 🗌	
Do you have any dependents	Yes 🗌	No 🗌	
If you answered yes to any of the above, please give further details:			

Please attach to your application the following:

### 1. SUPPORTING DOCUMENTS (as applicable)

- Confirmation of current monthly income (payslip, Centrelink letter, etc.)
- A copy of your most recent bank statement
- Letters of support from any medical professional from whom you are currently receiving treatment
- Copies of bills or quotes pertaining to extraordinary expenses

#### 2. IDENTIFICATION (PLEASE COMPILE AS A SINGLE PDF)

• Proof of identity confirming your address (drivers licence, or utility bill)

### 3. PROFESSIONAL BIOGRAPHY OR CV (PLEASE COMPILE AS SINGLE PDF)

Your professional biography demonstrating your professional experience

Please note that your application will not be assessed until the above supporting documentation is provided.



#### **DECLARATION**

I understand that the details in this application are confidential and will never be made public. The Actors Benevolent Fund of NSW reserves the right to make discreet enquiries about the information provided.

I also understand that, should I be granted assistance, I will inform the Actors Benevolent Fund of NSW of any changes to my current circumstances which may affect my eligibility for assistance. I also undertake to provide the Fund with any updated information as may be requested from time to time.

By signing this form, you agree to abide by the terms and conditions of the grant/loan and certify that all the information is true and correct to the best of your knowledge.

Name:	
Signature:	Date:
Signed in the presence of	
Name:	
Signature:	Date:

Please email this form along with scans of your documents to: info@actorsbenevolentfund.org.au

If using hard copy you can post this form, together with any letters or support documentation to:
Actors Benevolent Fund of NSW
245 Chalmers Street, Redfern, NSW 2016

Please be aware that our office is not staffed full-time, which may delay receipt of your posted

application.

Grant applications will be presented to the Actors Benevolent Fund of NSW's Management Committee at their monthly meetings, held on the final Monday of each month.

The Benevolent Funds in other states are:

QueenslandActors & Entertainers' Benevolent FundVictoriaVictorian Actors' Benevolent TrustWest AustraliaArtist Relief Fund WASouth AustraliaPerformers Support SA

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