

MONTHLY GRANT APPLICATION

Name			
Email		Phone	
Address			
Date of Birth		Usual Industry Occupation	
No. years of professional work			
Agency or Representation (if applicable)			
Please provide details of a SUPPORT PERSON or someone close to you:			
Name			
Email		Phone	

Grant Duration Requested:

- 3 MONTHS
- 6 MONTHS
- 12 MONTHS

PLEASE COMPLETE THE FOLLOWING REQUEST FOR INFORMATION

Please outline the reason you require assistance, including details of the reasons you are currently unable to work (300 words max).

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 in PDF or JPEG, PNG or GIF:

1. SUPPORTING DOCUMENTS (as applicable)

- Confirmation of Government Benefits currently received or proof of current income (payslip, employment contract, etc.)
- A copy of your most recent bank statement
- Letters of support from any medical professional from whom you are currently receiving treatment

2. IDENTIFICATION

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

3. PROFESSIONAL BIOGRAPHY OR CV

- 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:

Queensland
Victoria
West Australia
South Australia

Actors & Entertainers' Benevolent Fund
Victorian Actors' Benevolent Trust
Artist Relief Fund WA
Performers Support SA

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enquiries@vabt.com.au
hello@artistreliefwa.org.au
hello@psfsa.org.au