

ACTORS BENEVOLENT FUND OF NSW INC.

www.actorsbenevolentfund.org.au

FINANCIAL ASSISTANCE PROGRAM

Please note: Applicants are required to be NSW residents, though exceptional circumstances may be considered. Other States have their own Benevolent Funds, or similar. Details can be found below.

All information provided in this document is strictly confidential.

The Actors Benevolent Fund of NSW offers three types of grants:

1. Annual Grant
2. Small Grant
3. Interest Free Loan

1. Annual Grant

This grant of up to \$3,720.00 is paid in monthly installments of \$310.00. An allowance may be made for a 6-month or 12-month period, and may be extended or renewed following further application to, and at the discretion of, the Committee. It is available to those who are unable to work, or whose working hours have been reduced for a prolonged period due to injury, illness, accident or disability. This grant is designed to supplement other government benefits being received and is to assist with general living expenses.

Eligibility

To be eligible for this grant program:

- You are a current resident of NSW.
- You have worked professionally in theatre, film or television for a minimum of 5 years.
- You have demonstrated significant financial need.
- You have limited forms of income available to you.

It is understood that the recipient would suffer significant financial hardship without this grant.

Recipients are required to inform the ABF of any changes that affects their income. Further, recipients may have the terms of their grant reviewed at the discretion of the Committee.

2. Small Grant

The fund, under certain circumstances, and at the discretion of the committee, will provide grants up to \$3,000.00 to assist with urgent and pressing medical and living expenses resulting from injury, illness, accident or disability. This one-off grant can be used to offset the costs associated with paying of bills associated with health or dental issues, to assist with the purchase of essential items or urgent repairs to goods or dwellings, mobility issues, or specific items that are needed in order to continue in your employment. Funds may cover surgery, ongoing medical treatment such as chemotherapy, mental health therapy or the purchase of home medical equipment.

It is understood that the recipient would suffer significant financial hardship without this grant.

An acquittal of the funds is required and should be submitted to ABF within 6 months of the grant being given. This acquittal must outline how the grant was used and include attachments of any supporting documents.

Eligibility

- You are a current resident of NSW.
- You have worked professionally in the entertainment profession for a minimum of 5 years.
- You have demonstrated significant financial need.
- You provide proof of cost of treatment or expense, eg invoice from health provider or quote for equipment.
- You supply a letter of support from a medical provider outlining the importance and benefit of the treatment.

3. Interest Free Loan

In cases where the applicant is working, or has future work but is experiencing significant financial stress. under certain circumstances and at the discretion of the Committee, a small interest free loan of up to \$3,000.00 may be granted. This would be to assist with immediate medical costs associated with treatment resulting from injury, illness, accident or disability and/or significant urgent essential living expenses.

The recipient must fully repay the loan within 12 months of funds being received, unless an alternative arrangement has been made with ABF.

A repayment schedule will be agreed to and must be witnessed by a Justice of the Peace (JP) before the loan is given. It is expected that the recipient will fully understand the commitment involved.

If you are confident you can fully repay the loan in accordance with all of these terms and conditions, please complete an application.

Eligibility

- You are a current resident of NSW.
- You have worked professionally in the entertainment profession for a minimum of 5 years.
- You have demonstrated significant financial need.
- You provide proof of cost of treatment or expense, eg. invoice from health provider or quote for equipment.
- You sign an agreement witnessed by a JP outlining your commitment to repay the loan.

All grants and loans are made at the discretion of the Management Committee.

APPLICATION FOR ASSISTANCE			
Name		Telephone	
Address			
Date of Birth		Industry Occupation	
Email			
No. years of professional work			
Please provide details of a support person or someone close to you:			
Name		Telephone	
Email			

Type of Assistance Requested

Annual Grant

Small Grant

Small Loan

How much are you applying for: _____

PLEASE COMPLETE THE FOLLOWING REQUEST FOR INFORMATION

Please supply a brief summary of the reason you require 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 annual 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	

If convenient, we would appreciate a letter or other documentation from an accountant, bank manager, or a responsible person known to you, confirming the financial information above.

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 yes, please give details:

MEDICAL AND HEALTH INFORMATION

To help us assess your application, please describe to us your illness, disability, accident and/or any other detail relating to the reasons for your request for assistance.

It would greatly assist our process if you could supply a letter, medical certificate or other documentation from a doctor or other registered medical or dental professional confirming the Medical and Health information above.





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.....

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:

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| Queensland | Actors & Entertainers' Benevolent Fund | abf@abfqld.com.au |
| Victoria | Victorian Actors' Benevolent Trust | enquiries@vabt.com.au |
| West Australia | Artist Relief Fund WA | hello@artistreliefwa.org.au |
| South Australia | Performers Support SA | hello@psfsa.org.au |