

LYNN WRIGHT MEMORIAL FUND

APPLICATION FOR FINANCIAL ASSISTANCE

Personal Details of Applicant/s

Family Name (1)		Family Name (2)	
Dr Mr Mrs Ms Miss		Dr Mr Mrs Ms Miss	

First Name	Middle Name(s)	First Name	Middle Name(s)

Date of Birth	Email Address	Date of Birth	Email Address

Home Telephone Number	Mobile Number	Home Telephone Number	Mobile Number

Residential Address		Residential Address	
State	Postcode	State	Postcode

Marital Status				Marital Status			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Defacto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Defacto	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Are You ordinarily a resident in Australia?				Are You ordinarily a resident in Australia?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Country	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Country	<input type="checkbox"/> Other

Current Residential Status				Current Residential Status			
<input type="checkbox"/> Owner	<input type="checkbox"/> Buying	<input type="checkbox"/> Renting	<input type="checkbox"/> Other	<input type="checkbox"/> Owner	<input type="checkbox"/> Buying	<input type="checkbox"/> Renting	<input type="checkbox"/> Other
<input type="checkbox"/> With Parents	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> With Parents	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Postal Address (if different from residential address)		Postal Address (if different from residential address)	
State	Postcode	State	Postcode

Age of Dependents	Age of Dependents

Current Employment Details	Current Employment Details
Occupation	Occupation

Current Employment Status				Current Employment Status			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other	<input type="checkbox"/> All other

Present Employer	Years/Months	Present Employer	Year/Months

Work Telephone number	Work Telephone number

What do you own (net of any loans) (Assets)

Home at

Estimate Value

\$
\$
\$

Other Property/Land at

\$
\$
\$
\$

Savings (Institution and Branch)

\$
\$
\$

Other Investments (shares, companies etc)

\$
\$

Motor Vehicle (Year, Make and Model)

\$

Other Assets (Furniture, Tools, Boat, Caravan etc)

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Income Received

(including Centrelink/Family Assistance Benefits)

Applicant (1)

Gross Income (Annual)	\$
	\$
	\$

Applicant (2)

Gross Income (Annual)	\$
	\$
	\$

Net Monthly Income

	\$
	\$

Net Monthly Income

	\$
	\$

Other Regular Monthly Income

(Please Specify) (include rental assistance)	\$
	\$
	\$
	\$
	\$

Other Regular Monthly Income

(Please Specify) (include rental assistance)	\$
	\$
	\$
	\$
	\$

Total Monthly Income (NET) (B)

	\$
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Total Monthly Income (NET) (C)

	\$
--	----

Number of adults supported by income?

--

Number of children supported by income?

--

Number of adults supported by income?

--

Number of children supported by income?

--

Expenses

Home loan/ rent	\$
Groceries	\$
Insurance	\$
Medical	\$
Therapy (ie. speech, OT, other)	\$
Rates	\$
Utility bills	\$
Study	\$
Other	\$
	\$
	\$
	\$
Total monthly expenses	\$

Expenses

Home loan/ rent	\$
Groceries	\$
Insurance	\$
Medical	\$
Therapy (ie. speech, OT, other)	\$
Rates	\$
Utility bills	\$
Study	\$
Other	\$
	\$
	\$
	\$
Total monthly expenses	\$

Income available after Commitments

Total Income after all Proposed Commitments

(B + C – A)

Please attach the following documentation:

Applicant (1)

- Payslip/s
- Tax return

Applicant (2)

- Payslip/s
- Tax return

Please provide a summary of a 100 words or less for us to consider when reviewing your application:

Declaration

I/We declare that I/we have read and understood the particulars of the Lynn Wright Memorial Fund and declare that the information provided by me/us is true and correct at the time of signing and that no information has been withheld which may affect the Lynn Wright Memorial Fund final decision.

I/we confirm that at any time our financial situation changes we will contact Lynda Foulis, Secretary to the Lynn Wright Memorial Fund to update our circumstances. We understand that failure to do so may jeopardise our funding.

Signature: _____

Signature: _____

Date: _____

Date: _____