

**Office use:**

Date received:  
Interviewer:  
Child's Name  
Centre:



**APPLICATION FOR FINANCIAL ASSISTANCE**

**Personal Details of Applicant/s**

Family 1	
Dr/Mr/Mrs/Ms/Miss	
First Name:	
Middle Name:	
SURNAME:	
Residential address	
Suburb:	
State:	Postcode
Home Number:	
Mobile Number:	
Email:	
Marital Status:	
<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Defacto
Names of other siblings:	Age
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Are you ordinarily a citizen/permanent resident of Australia?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family 2	
Dr/Mr/Mrs/Ms/Miss	
First Name:	
Middle Name:	
SURNAME:	
Residential address	
Suburb:	
State:	Postcode
Home Number:	
Mobile Number:	
Email:	
Marital Status:	
<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	<input type="checkbox"/> Defacto
Names of other siblings:	Age
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Are you ordinarily a citizen/permanent resident of Australia?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Current Employment Status

Applicant 1	
Current Employment Details: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed  Other: _____	
Present Employer:  Years:                      Months: Work Number:	
Income Received - annual: Gross Income                      \$ Centrelink payment                \$ Family Assistance Benefit        \$	
Total Net Monthly Income        \$ Other regular Monthly Income \$ Other – please specify .  <div style="text-align: right; margin-right: 50px;">\$ _____</div>	
<b>TOTAL MONTHLY INCOME:        \$</b>	
Total Monthly expenses:        \$ <b>Income available after Commitments                            \$</b>	
<b>Financial Assistance requested:</b>  <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 4,000	

Applicant 2	
Current Employment Details: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed  Other: _____	
Present Employer:  Years:                      Months: Work Number:	
Income Received - annual: Gross Income                      \$ Centrelink payment                \$ Family Assistance Benefit        \$	
Total Net Monthly Income        \$ Other regular Monthly Income \$ Other – please specify .  <div style="text-align: right; margin-right: 50px;">\$ _____</div>	
<b>TOTAL MONTHLY INCOME:        \$</b>	
Total Monthly expenses:        \$ <b>Income available after Commitments                            \$</b>	
<b>Financial Assistance requested:</b>  <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 4,000	



