



FINANCIAL ASSISTANCE APPLICATION

PERSONAL DETAILS

Title _____ First Name _____ Surname _____

Date of birth _____

Street Address _____

Suburb _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Assessment Details: Please use back of page or attach a separate page if more detail needed:

Medical situation: _____

Assistance required: I/we would like to apply for (please specify):

Grant/Loan for reimbursement of household bills (Invoice/receipts enclosed)

Fitness grant for equipment or exercise costs (Invoice/receipts enclosed)

Further information which may assist us in assessing your application:

Please note: Details of eligible expenditure can be found on the information sheet.

Centrelink Status:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> No benefits | <input type="checkbox"/> Aged pension | <input type="checkbox"/> DSP |
| <input type="checkbox"/> Health Care Card | <input type="checkbox"/> Newstart | <input type="checkbox"/> Carers Allowance |

I understand that all applications are assessed by the AHLTA President and Treasurer on a case by case basis and that acceptance of my application is not guaranteed.

Applicant signature: _____

I have enclosed the original invoice/receipts with my application.

Date: / /

Office Use Only

APPROVED / NOT APPROVED:

SIGNATURE _____ PRESIDENT

SIGNATURE _____ SECRETARY/TREASURER