

Theodore and Isabella Wearne Charitable Trust Inc.

Application for Financial Assistance for Individuals

ONLY APPLICATIONS SUBMITTED THROUGH THE WEBSITE APPLICATION FORM WILL BE CONSIDERED. WRITTEN APPLICATIONS THAT ARE COMPLETED AND EMAILED WILL NOT BE CONSIDERED.

APPLICATIONS MUST BE SUBMITTED BY A REPRESENTATIVE. SEE THE GUIDELINES FOR FURTHER DETAILS ON REPRESENTATIVES.

Terms of Applications

1) Assessment of Applications

- a. Submission of the Application does not expressly or impliedly mean that The Theodore and Isabella Wearne Charitable Trust Inc. (**The Trust**) has accepted the Application.
- b. The Trust is under no obligation, legal or otherwise to process the Application to a successful conclusion.
- c. Each application will be determined on its merits and in compliance with *The Wearne Trust's Guidelines for Applications for Financial Assistance for Individuals*.

2) Liability

- a. The Trust will not be responsible for any direct or indirect loss, injury, claim, liability, or damage related to the use of this site, whether from errors or omissions in the content of this site or any other linked sites, from the site being down or from any other use of the site.
- b. The Trust will not be liable for any direct or indirect loss, injury, claim, liability, or damage, arising out of or related to any products, goods, or services received by an Applicant through a successful Application.

3) No representations

- a. To the extent permitted by Australian law, The Trust makes no representations or warranties in relation to any goods or services ultimately received by the Applicant through the Trust.

[] By ticking this box I declare that the Applicant or the Applicant's parent/legal guardian has read and agrees to *The Wearne Trust's Guidelines for Financial Assistance for Individuals* and acknowledges and accepts the Terms of Application above.

Privacy Policy

The Wearne Trust respects the privacy of those who apply to the Wearne Trust for assistance. The personal information collected through this form (including sensitive information about the Applicant's health) will be collected, used and held pursuant to the Wearne Trust's Privacy Policy.

[] By ticking this box I declare that the Applicant or the Applicant's Parent/Legal Guardian has read and understood the Wearne Trust's Privacy Policy .

Question 1: Will you be providing any health information with this application?

Health information includes information or opinion about your illness, injury or disability.

Some examples of health information include:

- notes of the Applicant's symptoms or diagnosis
- information about a health service the Applicant had or will receive
- specialist reports and test results
- prescriptions and other pharmaceutical purchases
- dental records
- the Applicant's genetic information

If YES > Go to question 2

If NO > Go straight to form

Question 2: Are you making this application on behalf of:

- a) a minor;
- b) someone who is legally mentally or physically incapable;
- c) someone who has limited understanding of English?

If Yes to any of the above > Go to consent statement #2

If NO to all of the above > Go to consent statement #1

Consent statement #1: I have gained the express consent from the Applicant to collect their health information for the purposes of this application []

Consent statement #2: I have gained the express consent from the Applicant's parent/legal guardian to collect the Applicant's health information for the purposes of this application []

Representative's Declaration:

[] By ticking this box, I confirm I have

1. permanently deleted all photos (if any were taken) of documents containing the Applicant's personal information from any device (which includes ensuring they have been deleted from the deleted items); and
2. returned to the Applicant or destroyed, any hard copies of documents containing the Applicant's personal information I may have collected for the purpose of the application;

except where explicit consent in writing has been received from the Applicant for such Personal Information to be retained.

Representative's Details:

Name of Representative: _____

Organisation/Agency: _____

Contact Name: _____

Position within Organisation/Agency: _____

Phone Number: _____

Contact email address: _____

Applicant Details:

Name of Applicant: _____

Address: _____

Date of Birth: _____

If Applicant is under 18 and not living independently then provide:

Name of Parent/Guardian of the Applicant: _____

Financial Assistance Being Requested:

All quotes are to be provided in the name and address of the Applicant.

Priority	Item		\$ Amount including GST
	Furniture	Lounge	
		Dining table and chairs	
		Beds	
		Mattresses *must include waterproof mattress protector	
		Other – <i>please specify</i>	
	Kitchen and laundry whitegoods	<p><i>Please specify item:</i></p> <ul style="list-style-type: none"> • <i>Note for whitegoods items:</i> <ul style="list-style-type: none"> - <i>Applicants living in regional areas apply on-line using this form.</i> - <i>Applicants living in metropolitan area do not use this form to apply for assistance with whitegoods. They must apply to:</i> <p>Lindsay Boyer State Manager – Doorways WA The Salvation Army Australia Territory Mob: 0457 409 878 PO Box 317 Morley WA 6943 Email: Lindsay.boyer@salvationarmy.org.au</p>	

PERSONS LIVING WITH THE APPLICANT

Applicant is single occupant of household.

**Provide details of all persons living in the house occupied by the Applicant.
(include ANY spouse, partner, child, parent, guardian, sibling, friend or other persons)**

Full Name	Date of Birth	Relationship to Applicant (i.e. spouse, partner, child, parent, guardian, sibling, friend, boarder etc)	Fortnightly Income of each person (if not stated in the below Statement of Applicant Household Income)
Total			\$

STATEMENT OF APPLICANT HOUSEHOLD INCOME AND EXPENSES

Fill in the Statement of Household Income and Expenses (per Fortnight) below.

The Income amounts should reflect the total of the Applicant's and any Relevant Person's Income and Expenses **per fortnight**.

"Relevant Person" means any person:

- 1) living in the house occupied by the Applicant (excluding any person who is just a boarder); and
- 2) who is either dependent on the Applicant or is a person upon whom the Applicant is financially dependent.

INCOME – APPLICANT'S HOUSEHOLD PER FORTNIGHT			
INCOME - Applicant	\$	INCOME – other Relevant Persons	\$
Wage/Pension 1		Wage/Pension 1	
Wage/Pension 2		Wage/Pension 2	
Government / Family Payment		Government / Family Payment	
Board/Rent received		Board/Rent received	
Child Support		Child Support	
Other Income		Other Income	
Sub Total Applicant Income		Sub Total Relevant Person Income	

**EXPENSES – APPLICANT’S HOUSEHOLD
PER FORTNIGHT**

Housing		Education	
Rent		School/University/Course Fees	
Mortgage Payments		Uniforms/Books/Stationery (etc)	
Insurance		Child Care	
Utilities: Water		Personal	
Utilities: Gas		Clothing/Shoes	
Utilities: Electricity		Toiletries/Cosmetics	
Home Phone / Internet		Entertainment: Going Out	
Mobile Phone		Entertainment: Streaming / Pay TV	
Home Maintenance		Alcohol	
		Cigarettes	
Transport / Vehicle		Personal Spending (includes Lotto/Gambling)	
Car Loan Payments		Memberships/Other Fees	
Car Expenses (Insurance/ License/Repairs)			
Fuel		Union Fees	
Public Transport		Loans	
Taxi / Rideshare (eg: Uber)		Credit Card 1	
Groceries		Credit Card 2 + more	
General Groceries (Food)		Store Account 1	
Household Items		Store Account 2	
Dining Out		Personal Loan 1	
Take-away Meals		Personal Loan 2	
Medical		LayBy/Afterpay	
Health Insurance/Ambulance		Other Loan(s)	
Doctor/Specialist/Dentist		Other Payments	

Allied Health (Physio/Chiro etc)		Child Support	
Chemist/Medications		Tax Debts	
Visual Aids (glasses/contacts)		Fines and Court Ordered payments	
		Centrelink Repayment	
		Other Debts	
Sub Total Expense (column 1)		Sub Total Expense (column 2)	
		Sub Total Expense (column 1)	
		TOTAL HOUSEHOLD EXPENSES	
		Sub Total Income Applicant	
		Sub Total Income Related Person	
		Income from Persons living with the Applicant	
		TOTAL HOUSEHOLD INCOME	
		SURPLUS (OR SHORTFALL) (Total Income minus Total Expenses)	

STATEMENT OF ASSETS AND LIABILITIES

Fill in the Statement of Assets and Liabilities below.

INCLUDE ALL of the **Applicant's** and all of the **Relevant Person's** Assets and Liabilities.

"Relevant Person" means:

- 1) any person that ordinarily resides in the Applicant's household (except any person who is just a boarder); or
- 2) any person upon whom the Applicant is financially dependent.

ASSETS "Assets" includes any item owned by the Applicant, owned by a Relevant Person or jointly owned by them		
ITEM	BRIEF DESCRIPTION	\$ ESTIMATED VALUE
House		
Household Effects		
Car(s)		
Motor Bike(s)		
Boat		
Other Property		
Shares		
Bank Accounts		
Cash		
TOTAL		

LIABILITIES

"Liabilities" means all debts owed by the Applicant, owed by a Relevant Person or jointly owed by them.
List **must include** all debts whether the debts are identified in expenses as being paid off by instalments or not.

DEBT	BRIEF DESCRIPTION	\$ TOTAL OWED
Home Loan Mortgage		
Rent Arrears		
Car Loan		
Credit Card 1		
Credit Card 2 + more		
Store Account 1		
Store Account 2		
Personal Loan 1		
Personal Loan 2		
LayBy/Afterpay		
Other Loan(s)		
Child Support		
Tax Debts		
Fines		
Court Ordered payments		
Centrelink Debt		
Other Debts		
TOTAL		

Is the Applicant eligible for other assistance? Yes / No

If Yes, please specify: _____

Note: Please attach relevant Government Assistance documentation at Step 14

Has the Applicant applied to other charities for this assistance? Yes / No

If Yes, please specify: _____

Will the Applicant make a financial contribution to this application? Yes / No

If yes, how much will be contributed? _____

Has the Applicant applied to the Wearne Trust for assistance previously? Yes / No

If yes, when: _____

Payment Details of Supplier

Preferred payment method is EFT or BPAY

EFT: Account Name: _____

BSB: _____ Account Number: _____

Reference/Client Number: _____

OR

BPAY Biller Code: _____

BPAY Reference Number: _____

If supplier requires another payment method, please email the Wearne Trust at info@wearnetrust.org.au to arrange an alternative payment method.

PLEASE NOTE: RECEIPTS MUST BE PROVIDED TO THE WEARNE TRUST WITHIN 14 DAYS OF THE DATE OF PAYMENT. FAILURE TO DO SO MAY RESULT IN FUTURE APPLICATIONS NOT BEING CONSIDERED.

Please scan and upload the following documents (as relevant to this application):

If documents are not uploaded your application will not be considered.

Quotes – one quote per item less than \$200, two quotes per item equal to or over \$200. Please note the quotes should be for an item of similar description (where item equal to or over \$200) and include installation and freight (if applicable). The quotes must be provided from different suppliers.

All quotes are to be in the name and address of the Applicant. If not able to provide the address, please provide a reason.

Relevant supporting letters/documents such as landlord, medical professional or allied health professional.

Copies of bill(s) requesting payment.

Payment details for the supplier must be provided or the application will not be processed.

Government Assistance documentation such as Centrelink Statement

Any other relevant information.

Date: _____ (web submission to be date/time stamped, or other record of date/time submitted).