

# Application for Assistance - Family

(includes living at home and partnered Tertiary students)

**1** Please answer ALL questions unless the form advises you to bypass them.  
If adequate information is not supplied we may not be able to process your application.

**2** Applicant's full name  
Mrs  Miss  Ms  Mr  Other

**2A** Are your children Australian Citizens  Yes  No

**2B** Are you of Australian Aboriginal and Torres Strait Islander decent?  Yes  No

**3** Home street address (not PO Box)  
  
  
  
Postcode

**4** Your email address


**5** Your contact numbers  
Home   
Work   
Fax   
Mobile

**6** Your current marital status  
Married OR with partner  **Go to question 7**  
Widowed  **Go to 9**  
Separated  **Go to question 7**  
Divorced  **Go to question 7**  
Single  **Go to 9**

**7** Full name of spouse/partner including separated or divorced spouse/partner

**8** Is the spouse/partner named above currently employed?  
No   
Yes

**9** Are you currently employed?  
No   
Yes

**10** Details of student/s requiring assistance for each student attach one (1) certified copies of the Birth Certificate or Extract of Birth and/or Passport, and a copy of their latest reports or results. 

**1** Full name of student  
  
Date of birth  Your relationship to this student   
DD/MM/YY  
Name of school/college/university  
  
Current primary, secondary school year/name of degree  
  
Are they attending school as a full time boarder?  
No  Yes  If yes, attach school fees invoice

**2** Full name of student  
  
Date of birth  Your relationship to this student   
DD/MM/YY  
Name of school/college/university  
  
Current primary, secondary school year/name of degree  
  
Are they attending school as a full time boarder?  
No  Yes  If yes, attach school fees invoice

**3** Full name of student  
  
Date of birth  Your relationship to this student   
DD/MM/YY  
Name of school/college/university  
  
Current primary, secondary school year/name of degree  
  
Are they attending school as a full time boarder?  
No  Yes  If yes, attach school fees invoice

**4** Full name of student  
  
Date of birth  Your relationship to this student   
DD/MM/YY  
Name of school/college/university  
  
Current primary, secondary school year/name of degree  
  
Are they attending school as a full time boarder?  
No  Yes  If yes, attach school fees invoice

11 Do you have any other people living at home?

No  **Go to 13**

Yes  Name and date of birth of each person

Name	Date of birth
	DD / MM / YY
	DD / MM / YY
	DD / MM / YY
	DD / MM / YY

12 Do any of the people listed above contribute to the family income?

No

Yes

13 Do you own your home?

No  **Go to 15**

Yes  **Go to next question**

14 Is your home mortgaged?

No  **Go to next question**

Yes  Loan details



Attach a copy of the latest advice from your lender showing the amount and frequency of your repayments and a copy of your latest statement showing the balance outstanding.

15 Do you own a business/primary producer?

No  **Go to next question**

Yes  Type of business

**Attach recent Tax Return**



16 List accounts you or your household have with banks and other financial institutions. Attach copies of statements for the **past two (2) months.**



Financial Institution	Account Balance
	\$
	\$
	\$

17 List other investments and/or real estate that are held by you or anyone in your household

Type of investment	Number held	Market value
		\$
		\$
		\$

18 Is any money being held in trust for you or any of the Students?

No  **Go to next question**

Yes  Give details

19 Does anyone in your household have any credit cards or store cards? **e.g. MasterCard, Visa, Myer Card, etc.**

No

Total of balances owing

Yes

\$

20 Does anyone in your household have any Personal Loans, Hire Purchase Agreements or Family Loans?

No  **Go to next question**

Yes  Give details below

Total amount of original loans      Total of balances owing

\$

\$

**ALL questions (21 to 24) relating to income must be answered.**

**If adequate information is not supplied we may not be able to process your application.**

21 Do you and/or your spouse/partner receive salary/wages?

No  **Go to next question**

Yes  Amount per fortnight including regular overtime and penalty rates.

**Attach the last three (3) pay slips and a copy of your most recent Tax Assessment Notice from the Australian Taxation Office.**



Applicant  \$

Applicant's spouse/partner  \$

**22** Does anyone in your household receive any payments from Centrelink or the Department of Veterans' Affairs?

No  **Go to next question**

Yes  Enter the amount of each type of payment below. **Attach ORIGINAL INCOME STATEMENT from Centrelink or letter from Veterans' Affairs that is not more than a month old.**



Type of payment	Amount per fortnight
Your pension Type <input type="text"/>	\$
Your spouse/partner's pension Type <input type="text"/>	\$
Pension Basic Supplement	\$
Rent Assistance	\$
Parenting Payment	\$
Double Orphan Pension	\$
Newstart Allowance	\$
Carer/Guardian Allowance	\$
Pharmaceutical Allowance	\$
Education Allowance	\$
Family Tax Payment Part A	\$
Family Tax Payment Part B	\$
Youth Allowance/Abstudy	\$
Payments/Allowances	\$
Mobility Allowance	\$
Exceptional Circumstances Relief	\$
Distance Education Allowance	\$
Assistance for Isolated Children Scheme	\$

**23** Does anyone in your household receive a superannuation pension?

No  **Go to next question**

Yes  Amount per fortnight. **Attach the most recent ORIGINAL income statement.**



\$

**24** Give details below of any other income you or your household receive. **Attach evidence for income as listed below.**



Type of payment	Amount per fortnight
Maintenance or regular assistance from a former spouse/partner	\$
Board paid to you	\$
Income from investments (rent, interest, etc)	\$
Income from Workers Compensation	\$
Any other income paid to you	\$

**25** Please ensure you answer this question.

**If adequate information is not supplied we may not be able to process your application.**

Does anyone in your household receive any other assistance from a government agency or any other organisation by way of a grant, scholarship or allowance?

No  **Go to next question**

Applied, but not yet received  **Go to next question**

Yes  Give details below

Source

Amount per fortnight

\$

Attach evidence of assistance



**26** List below your household payments. Include the amount and how often you pay it (e.g. per fortnight, per month, per year)

**Attach evidence for payments as listed below.**



Type of payment	Amount	Per
House repayment	First mortgage	\$
	Second mortgage	\$
Rent/Board		
Paid to <input type="text"/>	\$	
Rates	Municipal	\$
	Water	\$
Other Expenses	House Insurance	\$



**30 In order to complete the application process all relevant supporting documents below must be supplied.**

<b>School</b> (Question 10) For each child, a copy of the last school report or tertiary results.	<input type="checkbox"/>
<b>Date of birth</b> (Question 10) Attach a certified copy of each child's birth certificate OR extract of birth, baptism certificate and/or passport.	<input type="checkbox"/>
<b>Mortgage</b> (Question 14) A copy of the latest advice from your lender showing the amount and frequency of your repayments.	<input type="checkbox"/>
<b>Tax Return</b> (Question 15)	<input type="checkbox"/>
<b>Income</b> (Questions 21) If you are working, a copy of 3 most recent pay slips.	<input type="checkbox"/>
Copy of most recent Tax Assessment Notice from the Australian Taxation Office.	<input type="checkbox"/>
Full disclosure and details of any compensation or claim you may have received (including settlements) or may receive in the future.	<input type="checkbox"/>
Full disclosure and details of any income or payment received from: • a legacy • an endowment • a trust account • bequest • any real estate associated with a legacy, endowment or bequest.	<input type="checkbox"/>
<b>Centrelink or Veterans' Affairs payments</b> (Question 22) <b>Income Statement from Centrelink</b> or Department of Veterans' Affairs showing all payments received ( <b>ORIGINAL document not more than one month old</b> ).	<input type="checkbox"/>
<b>Superannuation pension</b> (Question 23) The most recent ORIGINAL income statement, not a photocopy.	<input type="checkbox"/>
<b>Other income you receive</b> (Question 24) Attach evidence for ALL other income you receive.	<input type="checkbox"/>
<b>Scholarships and Grants</b> (Question 25) Full documentary details of any scholarship or grant you or your children have applied for or are receiving.	<input type="checkbox"/>
<b>Board and rent for where you live</b> (Question 26) <b>If you are renting</b> , a copy of current rental agreement.	<input type="checkbox"/>
<b>If you are renting but are not a party to the rental agreement</b> , a letter of confirmation from the tenant stating the proportion of the rent he/she is receiving from you.	<input type="checkbox"/>
<b>If you are paying board</b> , a letter from the person who is receiving your board payment confirming how much board you are paying each fortnight.	<input type="checkbox"/>
<b>If you reside in community accommodation</b> , proof of rental paid to the Community Group and part-paid by the Community Group.	<input type="checkbox"/>
<b>Household payments</b> (Question 26) • Rates and Water • House Insurance	<input type="checkbox"/>

**MAIL TO:** **A Start In Life**  
**PO Box 20606**  
**World Square NSW 2002**  
**Phone: 02 9264 3017**

**32 Statutory Declaration**

I the applicant do hereby solemnly and sincerely declare as follows:

1. That the foregoing information is true and complete AND if approved
2. I UNDERTAKE to:
  - a) Inform A Start In Life in writing should my circumstances change in any way affecting my need for assistance.
  - b) Complete as requested, an Annual Review form submitted to me by the Charity.
3. I have disclosed all financial information relating to my personal and dependant's income, investments and debt obligations.
4. I acknowledge that assistance is not to be construed as ongoing and A Start In Life has the right to cease assistance at its discretion.
5. I authorise representatives and staff of A Start In Life the said charity to collect personally and utilise all the personal and financial information supplied in this Annual Review form, that may be sent to me from time to time, solely for the purpose of assessing mine or my dependant/s eligibility to receive assistance from the A Start In Life. This authorisation is given on the understanding that the said charity undertakes not to release any of the information to any third party without written approval.
6. I acknowledge that if I do not provide all the information requested in this Application, the said charity may not be able to process or accept my Application. I also acknowledge that I may request access to my personal information held by the said charity by making a request in writing to A Start In Life at PO Box 20606, World Square, NSW 2002.

Declared at .....

on .....  
date signed

by .....  
your signature

Witnessed by .....  
Justice of the Peace signature

Justice of the Peace No. ....

Witness name .....

Witness .....  
address .....