



# Dibbs and Massie Foundation Application for Assistance

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and X where appropriate.

**Instructions for completing your application:** The Foundation is designed to provide assistance in circumstances of financial hardship, when all other means of assistance have been exhausted. Under current government legislation, assistance cannot be provided to recoup medical expenses. However, should financial hardship have been induced because of the latter, a case can be put forward to the Foundation for assistance. To assess your application, the Trustee of the Foundation requires information on your current financial position in accordance with the following Statement of Position and Budget, together with supporting evidence.

## Applicant Details

Surname	Given name/s	Employee no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

State  Postcode

Contact telephone no.

(  )

Department/Outlet

## Details of Assistance Requested

Note: Please include a detailed reason for the request, amounts expended, funds and assistance obtained from other sources. Please note that you can attach your request for assistance in another document if it is too extensive for this area.

### Have you attached additional documentation?

Current Pay Slip (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Bank Statements (3 months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Current Credit Card and Loan Statements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Copies of latest Utility Bills	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Rental Statements / Agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Letters of Arrangement with Financial Institutions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Statements of Outstanding Accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Other Supporting Information

## Statement of Position

### Liabilities

	Current monthly repayments	Debit owing
Housing Loan with <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Home Equity Loan with <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Personal Loan with <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Overdraft with <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Other Loans		
Transport Ticket Loan <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Other Loans <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Credit Cards		
Card 1 <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Card 2 <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Card 3 <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Card 4 <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Card 5 <input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Hire Purchase – Company		
<input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
Other Debts (Store accounts, pay day lenders, etc)		
<input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> pm	<input type="text"/>
	<b>Total Loan repayments</b>	<b>Total Liabilities</b>
	\$ <input type="text"/> pm	\$ <input type="text"/>

### Budget

To calculate your monthly expenses – obtain a year's worth of bills, add them up then divide by 12. Do this for each expense.

#### Monthly Commitments

Total loan repayments (as above)	Rent	Rates	House and contents insurance
\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm
Motor registration	Car insurance	Motor vehicle running costs	Personal insurance
\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm
Health benefits	Telephone	Mobile	Internet
\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm
Gas and electricity	School fees	Est. general living expenses (e.g. food, clothing, recreation, entertainment etc.)	Other
\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm	\$ <input type="text"/> pm
			<b>Total Monthly Commitments</b>
			\$ <input type="text"/> pm

## Assets

House – Address	Est. value
	\$
Vacant Land / Investment property – address	
	\$
Bank accounts with	
	\$
	\$
	\$
Life Policies	Est S/V
Total cover \$	\$
Motor Vehicle/s	Est. value
	\$
	\$
Furniture	
\$	NVE
Other Assets (Investments, Money Lent, Shares etc)	
	\$
	\$
	\$
	<b>Total Assets</b>
	\$
	<b>Less Total Liabilities</b>
	\$
	<b>Surplus</b>
	\$

## Monthly Income

To calculate your net salary look at a payslip and follow this formula – cash minus full income tax multiplied by 26.1 (creates an annual amount) **divided by 12** (brings it back to a monthly amount). Do not include any deductions for staff club, contributions to superannuation or union etc.

Salary	Net per month after Tax and OSF
\$ pa.	\$
Other Income	
Spouse's Net Income	\$
Interest/Dividends	\$

Sundry Income – Details

Child Allowance	\$
	\$

Allowances/Reimbursements

Car	\$
	\$

Total Monthly Income  
\$

Less Total Monthly Commitments  
\$

Net Monthly Surplus/Deficit  
\$

I confirm the following:

- I have met with a Financial Counsellor through EAP or other means
- I have sought hardship assistance through my Credit Providers
- I have applied for hardship assistance through my Super Fund
- I have clearly specified what my request for assistance is for in my application to the Trustee
- I have provided all evidence to support my financial position

**Privacy Statement**

I understand and agree that my personal information (including any sensitive information) is collected by NAB for the purpose of assessing my application for assistance from the Dibbs and Massie Foundation. My personal information may be disclosed to other organisations involved in verifying any of the details provided in this application form. I understand that if I provide incomplete or inaccurate personal information, NAB may be unable to process my application.

**Declaration and Signature**

I acknowledge and agree that the Trustees may wish to verify any of the details which I have provided in this application form including current NAB employment status, as appropriate.

Signature

X

Date

/ /