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| <p>YAGOONA CAMPUS<br/>178 COOPER ROAD<br/>YAGOONA NSW 2199<br/>PH: 02 9796 4240</p> <p>Email: <a href="mailto:finassist@alsadig.nsw.edu.au">finassist@alsadig.nsw.edu.au</a></p> |  | <p>GREENACRE CAMPUS<br/>114 WATERLOO ROAD GREENACRE<br/>NSW 2190<br/>PH: 02 8199 9600</p> <p>Email: <a href="mailto:finassist@alsadig.nsw.edu.au">finassist@alsadig.nsw.edu.au</a></p> |
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## Financial Assistance Request Application Form

Date: \_\_\_\_\_

Family MYOB ID: \_\_\_\_\_

**Reason for applying**

Separation/ Divorce    
 Unemployment    
 Financial Hardship    
 Other

If you ticked Other, please state reason \_\_\_\_\_

**Name of supporting parent 1** \_\_\_\_\_

Occupation: \_\_\_\_\_

Full time     Part time     Self-employed     Casual     Home Duties

Number of Dependents \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name of supporting parent 2:** \_\_\_\_\_

Occupation \_\_\_\_\_

Full time     Part time     Self-employed     Casual     Home Duties

Number of Dependents \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

| <u>Child Name</u> | <u>Year Level</u> | <u>School Attending</u> |
|-------------------|-------------------|-------------------------|
|                   |                   |                         |
|                   |                   |                         |
|                   |                   |                         |

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Have you received assistance before                      Yes                       No

Type of Assistance you are looking for \_\_\_\_\_

Discount Amount Required \_\_\_\_\_

Do you hold or have you applied for a Bursary or a Scholarship                      Yes                       No

What Period is the Assistance required for \_\_\_\_\_

How much can you currently afford paying towards your account?

Amount \_\_\_\_\_                      Frequency \_\_\_\_\_

Were you receiving Family Tax Benefit as at the end of this financial year?                      Yes                       No

Does anyone else contribute to the costs of the education of your child                      Yes                       No

Please describe your financial circumstances and /or your background which might help us understand more about your financial position

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**Statement of Financial Position as at Month \_\_\_ Year \_\_\_\_**

|  |    |
|--|----|
| <b>Annual Income - Details of what you earn</b>  |    |
| <b>Salary / Wages / Income</b>   |    |
| Gross Annual Salary/ Wages/ Income - Parent 1  |    |
| Gross Annual Salary / Wages/ Income - Parent 2   |    |
| <b>Other Income</b>  |    |
| Bonuses, Overtime, etc.  |    |
| Interest   |    |
| Child Support  |    |
| Centrelink Benefits  |    |
| Income from Investment properties, dividends, other investments  |    |
| Any other Income   |    |
| <b>Total Annual Income</b>   | \$ |
| <b>If you need to provide any additional information to help us understand the above, please do so here:</b> |    |
|  |    |
|  |    |
| <b>Annual Expenditure - Details of your expenses</b>   |    |
| Annual Home loan repayment   |    |
| Annual rental expenditure  |    |
| Other personal loans   |    |
| Educational expenses   |    |
| Other expenses   |    |
| <b>Total Annual Expenditure</b>  | \$ |
| <b>If you need to provide any additional information to help us understand the above, please do so here:</b> |    |
|  |    |
|  |    |

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**Statement of Financial Position as at Month \_\_\_\_ Year \_\_\_\_**

|  |    |
|--|----|
| <b>Assets and Liabilities</b>  |    |
| <b>Value of Assets - Details of what you own as at (Month ____ Year ____)</b>                                |    |
| Value of residential Hone  |    |
| Total value of investment properties   |    |
| Total value of shares and other financial investments  |    |
| Total value of motor vehicles, boats, and caravans   |    |
| Any other assets (e.g., jewellery, art works)  |    |
| <b>Total Value of Assets</b>   | \$ |
| <b>If you need to provide any additional information to help us understand the above, please do so here:</b> |    |
|  |    |
|  |    |
| <b>Value of Liabilities - Details of what you owe as at (Month ____ Year ____)</b>                           |    |
| Outstanding mortgage on residential home   |    |
| Outstanding mortgage on investment properties  |    |
| Outstanding loans on cars, boats, caravans   |    |
| Outstanding loans to finance shares and other financial investments  |    |
| Other personal loans, debts, and credit card balances  |    |
| <b>Total Liabilities</b>   | \$ |
| <b>If you need to provide any additional information to help us understand the above, please do so here:</b> |    |
|  |    |
|  |    |

**Family Name**

| MY MONTHLY EXPENSES<br>( money you spend – do not include loan repayments) | \$'s per Week | \$'s per Month | \$'s per Year |
|--|---------------|----------------|---------------|
| Ongoing Rent/Board   |               |                | -             |
| <b>Absolute Basic Expenses</b>   |               |                |               |
| Groceries  |               |                | -             |
| Transport  |               |                | -             |
| Petrol/Gas   |               |                | -             |
| Registration   |               |                | -             |
| Car Insurance  |               |                | -             |
| Tolls  |               |                | -             |
| Parking  |               |                | -             |
| Repairs  |               |                | -             |
| Utilities (Power, Gas, Water)  |               |                | -             |
| Power  |               |                | -             |
| Gas  |               |                | -             |
| Water  |               |                | -             |
| Rates  |               |                | -             |
| Clothing   |               |                | -             |
| Other expenses (please specify):   |               |                | -             |
| Education Expenses (Activity/Elective levy's)                              |               |                | -             |
| Uniform Fees   |               |                |               |
| School Bus Fees  |               |                |               |
| Childcare Fees   |               |                | -             |
| Child Support/Maintenance/Alimony  |               |                | -             |
| Insurance  |               |                | -             |
| CTP  |               |                | -             |
| Building   |               |                | -             |
| Contents   |               |                | -             |
| Health   |               |                | -             |
| Life Insurance   |               |                | -             |
| Income Protection  |               |                | -             |
| Technology   |               |                |               |
| Mobile Phone   |               |                | -             |
| Internet   |               |                | -             |
| Pay TV   |               |                | -             |
| App subscriptions  |               |                | -             |
| Holidays   |               |                | -             |
| Entertainment  |               |                | -             |
| Birthday Parties/Functions   |               |                |               |
| Gym Membership   |               |                | -             |
| Cleaning   |               |                | -             |
| Gardening Services   |               |                | -             |
| Laundry  |               |                | -             |
| <b>Total Expenses</b>  |               |                | -             |

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**Please ensure the following documents are provided with your application**

- o Copy of the last two pays lips / Centrelink income Certificate
- o Notice of tax assessment or declaration of income endorsed by tax office
- o Bank statements for the last 3 months
- o Any other information or documentation you believe relevant to assist us in assessing your request

**Declaration**

I / We confirm that the information contained in this application is correct

Supporting Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Supporting Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Application received by \_\_\_\_\_

Date \_\_\_\_\_ Meeting Date \_\_\_\_\_

Time \_\_\_\_\_

Type of Assistance Recommended to Finance Committee \_\_\_\_\_

Proposal date \_\_\_\_\_ Submitted on \_\_\_\_\_

Approved      Yes       No      Amount Approved \_\_\_\_\_

Letter to Family      Yes       No      Date \_\_\_\_\_