

SOUTH WEST VICTORIAN BUSHFIRE COMMUNITY FUND OFFER OF ASSISTANCE APPLICATION FORM

The purpose of this offer is to provide financial assistance to members of the Corangamite, Moyne and Southern Grampians communities who were directly impacted by the fires in March 2018. Applicants can apply for one category only. In Category A funding may be provided to the home owner and/or home occupier. Applications under Category C farm owners and/or sharefarmers (where applicable) may be provided.

Applications to this offer will close 6 July 2018

Applicant

Name:

Address which has been impacted:

.....

Current address (if different from above):

.....

Contact number: Email address:

Drivers Licence number:

Bank Details for payment (if deemed eligible)

Account Name:	
Bank:	Branch:
BSB:	Account Number:

Funding Acceptance

CATEGORY A
(Total loss of primary home and/or contents; up to \$2,500)

OR

CATEGORY B
(Secondary loss – non-primary producer; up to \$1,000)

OR

CATEGORY C
(Secondary loss – primary producer; up to \$500)

Note: Grants are available for eligible primary producers up to \$10,000. Visit www.ruralfinance.com.au

OR

CATEGORY D
(Specific funding request – please provide details)

OR

I do not wish to apply for funding from this program

Please attach additional pages to provide any further detail to support your request for assistance.

Please return this form to: South West Victorian Bushfire Appeal, C/O Community Enterprise Foundation, PO Box 480, Bendigo VIC 3552 or drop off completed form in a sealed envelope, addressed to The Community Enterprise Foundation to the Camperdown, Cobden, Hamilton, Port Fairy or Warrnambool Branch of the Bendigo Bank.

For assistance with this form contact Andre Clayton 5485 6796 | Sue Rondeau 5568 0555 | Jarrod Woff 5593 7100



Cobden & Districts Community Bank®
Branch and Camperdown branch

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Privacy

I understand that:

- Personal information is protected by law, including the Privacy Act 1988 (Commonwealth) and the Information Privacy Act 2009.
- This fund is collecting information for the purpose of determining my eligibility for financial assistance.
- This information will not be used for any other purpose other than determining eligibility and verifying that the information provided is true and correct.
- If I am unable to provide this information upon request, the fund may be unable to process my request.
- The fund may need to verify these details, and this may involve contacting health services, councils, insurance companies, employers, and government and non-government department and agencies.
- I can request this information by contacting the fund.

I agree with the above stated purpose: Yes No

I am comfortable for the committee to contact me: Yes No

Name: Signature:

STATUTORY DECLARATION

I,
(full name)

Of.....
(address)

.....
(occupation)

Do solemnly and sincerely declare:

I acknowledge that this application is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at.....

In this State Of Victoria, this day of 2018
(Date) (Month)

Signature.....
(To be signed in front of an authorised witness)

Before me,
(Signature of authorised witness)

.....
(Title, Name and Address of authorised witness)

An authorised witness is someone such as an accountant, doctor, teacher, pharmacist, bank manager or vet.

Applications for this grant program will be accepted up until close of business on 6 July 2018.

