



**SIR JAMES MITCHELL FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

Please read the following points carefully before you begin this application:

1. We may help with food cards and other general assistance. (For overdue accounts, evidence must be shown that you have previously negotiated with the supplier to pay the amount in instalments or some other appropriate arrangement.)
2. All documents requested must be included with the application. **Incomplete applications will not be considered.**
3. We **do not** assist with back-to-school expenses including school uniforms, stationary, computers/lpads or school fees/charges.
4. We **do not** assist with whitegoods, rental bonds/arrears, utilities (electricity, gas, water), car registration/maintenance, travel/funerals.
5. Send to CWA of WA (PO BOX 97, West Perth WA 6872) or email: margueritez@cwaofwa.asn.au Application processing time can take up to **5 working days**. If the application is approved, payments will be made directly to the supplier – not the applicant.

Surname:			
Other names:			
Address:			Postcode:
Contact Details:	Landline / Mobile Phone:	Email:	
Income: Centrelink* <i>*If on Centrelink - provide full Centrelink Income Statement. If you are <u>partnered</u>, you will need to also provide <u>their</u> Statement.</i>	<input type="checkbox"/> Yes - attached	<input type="checkbox"/> Not attached / Not applicable	
Income: Employment / Other sources <i>If you are working /have a business or other income, please provide <u>pay slips/evidence</u>. If you are <u>partnered</u>, you will need to also provide <u>their</u> details.</i>	<input type="checkbox"/> Yes - attached	<input type="checkbox"/> Not attached / Not applicable	
Bank Statement/s <i>Please provide a copy of your bank statement/s showing <u>transactions for the most current one (1) calendar month</u></i>	<input type="checkbox"/> Yes - attached	<input type="checkbox"/> Not attached	
Your total number of dependents and their ages e.g: 3 (5y.o, 10y.o, 11y.o)			
Explain your reason for this application. Be as detailed as possible. Attach any invoices, quotes etc. (Use a separate sheet if needed.)			
Amount (\$) requested:			
Have you previously been given assistance from CWA?	<input type="checkbox"/> Yes When? _____ How much? _____	<input type="checkbox"/> No	
Have you sought help from other agencies during your present difficulties and were you assisted?	<input type="checkbox"/> Yes When? _____ How much? _____	<input type="checkbox"/> No	
Where did you hear about us?	<input type="checkbox"/> Community/welfare organisation - Name: _____		
	<input type="checkbox"/> Word of Mouth / Friends <input type="checkbox"/> Social Media / Internet <input type="checkbox"/> Advertisement / brochure		
Please sign and date this application:	X	Date:	