Australian Executor Trustees Limited
ABN 84 007 869 794

AUSTRALIAN EXECUTOR TRUSTEES LIMITED

Relief of Poverty Application

Eastern Guruma Charitable Trust No. 2

Members can apply for a sum of up to $1,500.00 on grounds of Financial Hardship (per occasion of unemployment or no income or limited income). The Trustee will make payment of household bills direct to suppliers. No cash payments or allowances can be considered.

1. APPLICANT / MEMBER DETAILS (Applicant must be a Eastern Guruma Member)

Your name:

Address:

Phone:

2. THE TRUSTEE CONSIDERS PROVIDING ASSISTANCE BASED ON THE FOLLOWING CRITERIA:-

a. Current employment status;

b. The extent of the applicants current weekly income;

c. What the weekly day to day living expenses of the applicant are;
(i.e. rent/mortgage, household bills, fuel, food etc)

d. The housing situation of the applicant, home owned, rented etc;

e. Details of other significant assets owned;
i.e. motor vehicles, shares, investments etc:

f. The number of people are dependent on the applicant's usual income; and

g. Whether the proposed use of funds will actually help to relieve the financial situation of the applicant

3. PROVISION OF FOOD / FUEL

Do you wish to buy food or fuel as part of this application ? Yes ☐ No ☐

If so, to what value? $ _____

Where do you want to get it? (tick one) Coles ☐ Woolworths ☐

Other: _____ A gift card will be provided by WGAC where possible, if requested.

Signature to confirm receipt of the voucher: _____

3. DECLARATION & SIGNATURE OF APPLICANT

I declare that due to circumstances beyond my control, I am in need of assistance on the grounds of hardship.

Signature of Applicant

X Date

4. DOCUMENTATION TO SUPPORT THE APPLICATION - TRUSTEE WILL CONSIDER THE FOLLOWING

The applicant is employed (provide evidence of income or Centrelink Assistance)

What the applicant's current income is

What are the reasonable day to day living expenses of the applicant (provide 1 months bank statements)

The adequacy of the applicant's housing, and whether they own their home

Other significant assets are owned by the applicant

The number of dependant people living with the applicant

The proposed use of the funds (copy of bill requiring payment)

PLEASE FAX TO 08 9481 6148 OR POST TO PO BOX 7008 CLOISTERS SQUARE PERTH WA 6850

OR E-MAIL TO: eg@aetlimited.com.au