

Member Services Unit for the Ngarluma Charitable Trust**MSU REQUEST FOR ASSISTANCE**

Please complete in as much detail as possible.

Date of Birth:	
Your Full Name:	
Your Phone Number:	
Your Postal Address:	
Email:	

Do you currently hold a Concession Card or Pensioner Concession Card	YES ☐	NO ☐
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Category	Category A	Category B	Category C							
Bucket	General Charitable Allocation / Sickness & Medical ☐	Elders ☐	Chronic Diseases ☐	Lore ☐	Dental ☐	Perth Medical Accom. ☐	Funeral Assist. ☐	Education		
								Early years ☐	Primary ☐	Secondary or Tertiary ☐
NON-ELDER Maximum funding per year	\$5,000	N/A	\$3,000	\$5,000	\$3,000	\$2,000	\$10,000	\$1,500	\$3,000	\$5,000
ELDERS Maximum funding per year	\$6,750									

For Funeral's , initial and family name of person who passed away:

ENSURE ALL RELEVANT PAPERWORK IS ATTACHED e.g. Doctors letter, Utility bill, Quote... See checklist attached

Please explain in detail why you need financial help from the Trust:

FINANCIAL HARDSHIP

Have you sought assistance from anywhere else? If so, where?

How much?

Item requested:	Amount:	Supplier to be paid:

What is the amount you are asking the Trust for?

\$

Date the funds are required by:

____/ ____/ 2025

I declare that the above details are accurate and true. I understand that:

- The Trust rules need to be followed and that my request may be approved in part only or not at all;
- If I consent to part of my benefits being used by another person, then that amount will count towards my annual limit;
- The supplier will be paid directly by the Trust and that no cash can be given to NAC members;
- The Trust is not responsible for any additional costs; and
- The Trust is not liable for any loss, damage or personal injury resulting from the Trust funding the whole or part of this Request.

Your Signature:	X	Today's Date:	____/ ____/ 2025
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Completed Request for Assistance to MSU for Ngarluma Charitable Trust

Tel: (08) 9182 1351

Email: msuapplications@ngarluma.com.au

OFFICE USE ONLY:**Notes:****Docs Attached:**