

APPLICATION FOR DISASTER FUND ASSISTANCE

IMPORTANT INFORMATION

In times of natural disaster (i.e. Fire, Floods, Earthquake), RSL DefenceCare is able to pay bills on behalf of, or transfer funds by EFT to an applicant. This assistance is initially limited to \$3000; however increased assistance may be available depending on the circumstances. RSL DefenceCare encourages applicants to request any amount necessary, and will consider all applications for approval on their individual merits.

DETAILS OF PERSON SEEKING ASSISTANCE

Full Name:		DOB:	
Current address:			
Suburb:	State:	Post Code:	
Phone number:	Mobile:		
Email:			
RSL DefenceCare can only provide assistance to Veterans, Serving Members and their families please provide details of the person with eligible Australian Defence service.			
Full Name:		DOB:	
Relationship to veteran: Individual / Spouse / Partner / Dependent / Parent / Child			
Other Family Member Please Specify			
Current address:			
Suburb:	State:	Post Code:	
Phone number:	Mobile:		
Service/PMKeys Number:	Unit:		
RSL sub-Branch Membership: Yes / No (If yes please state Sub Branch name)			

ASSISTANCE SOUGHT

What is the amount of assistance being requested:
Is this assistance for Bill payment or cash payment: BILL / CASH
Provide a brief description of why the assistance is being requested:
Please indicate if there has been a total loss: YES / NO

INSURANCE INFORMATION

Is the applicant insured for this type of disaster: YES / NO
If YES complete below, if NO continue to next section
Name of Insurance Company:
Policy Number if Known:
Type of insurance cover held:

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OTHER ASSISTANCE

Has the applicant received financial assistance from other sources: YES / NO

If YES complete below, if NO continue to next section

Who provided the assistance:

What amount of assistance was received:

Provided a brief description of why this assistance was provided:

PAYMENT INFORMATION

If the assistance requested is for a BILL payment have you attached the bill? YES / NO

If the assistance requested is for a CASH payment please complete below:

Financial Institution:

Account Name:

BSB:

Account Number:

DECLARATION BY APPLICANT

I, (Full name)

of (address)

declare that the statements made in this application are to the best of my knowledge and belief, true in every detail.

Signature:

Date:

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REPORT & RECOMMENDATION

BY REPRESENTATIVE / SUB BRANCH / DVA / DCO / UNIT / CASE MANAGER ETC

To be completed only if this application is being made on behalf of another person, if you are applying for this assistance as an individual discard this page.

DECLARATION BY REPRESENTATIVE

I, (Full name)

of (address)

declare that the statements made in this application are to the best of my knowledge and belief, true in every detail.

Signature:

Date: