

# APPLICATION FOR ASSISTANCE

## ACTORS BENEVOLENT FUND of NSW INC

www.actorsbenevolentfund.org.au

Our "Rules of Association" allow us to:

*"Provide financial and / or other assistance to members and / or ex-members of the entertainment profession, and / or their dependents, in case of illness, accident, old age and / or disabilities for such period and in such cases and in such manner as the Management Committee deems fit."*

**Please note:** We are only able to assist those residing in NSW.  
Other States have their own Benevolent Funds, or similar.  
Please see end of this document for contact details.

**Information given in this document is confidential.**

**Full Name**.....

**MEAA Equity Membership Number**.....

**Address**.....

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**Date of Birth**.....

**Phone number(s)**.....

**Email address**.....

**Name and phone number of person close to you**

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**Type of Assistance Requested**

**Grant** (Monthly, non-repayable, limited to \$300 per month and limited to 20 recipients at any one time)

**Grant** (one off, non-repayable, limited to \$1,500 per grant)

**Small Loan** (Repayable, interest free, amount to be negotiated)

**Other** (Please specify).....

**Amount requested**.....

**PLEASE COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION**

**Please supply a brief summary of the reason you require assistance.**

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**To help us process your request, we are required to ask you for the following information about your financial circumstances.**

**INCOME** - Please list your annual income from

Salary or wages.....

Pension.....

Benefits.....

Investments.....

Other.....

**TOTAL INCOME**

**ASSETS** - Please list the approximate value of your assets

Savings.....

Property.....

Car.....

Shares, managed funds.....

Other.....

**TOTAL ASSETS**

**EXPENSES** Please give us an approximation of your monthly expenses

Rent / mortgage.....

Food.....

Utilities.....

General living expenses.....

Debt repayments .....

Other.....

**TOTAL EXPENSES**

**If convenient, we would appreciate a letter or other documentation from an accountant, bank manager, or a responsible person known to you, confirming the financial information above.**

**LIVING ARRANGEMENTS**

Are you living with a partner?      Yes      No

If yes, do they contribute to the household finances      Yes      No

Do you have any dependents      Yes      No

If yes, please give details.....

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**MEDICAL AND HEALTH INFORMATION**

To help us assess your application, please describe to us your illness, disability, accident and/or any other detail relating to the reasons for your request for assistance.

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**It would greatly assist our process if you could supply a letter, medical certificate or other documentation from a doctor or other registered medical professional confirming the Medical and Health information above.**

I understand that the details in this application are confidential and will never be made public. The Actors Benevolent Fund of NSW Inc reserves the right to make discreet enquiries about the information provided.

I also understand that, should I be granted assistance, I will inform the Actors Benevolent Fund of NSW Inc of any changes to my current circumstances which may affect my eligibility for assistance. I also undertake to provide the Fund with any updated information as may be requested from time to time.

Name.....

Signature.....Date.....

In the presence of

Name.....

Signature.....Date.....

**Please post this form, together with any letters of documentation to:**

Actors Benevolent Fund of NSW Inc, 245 Chalmers St, Redfern, NSW 2016

Or fax to: 1300 730 543 • Or email to: [info@actorsbenevolentfund.org.au](mailto:info@actorsbenevolentfund.org.au)

<b>The Benevolent funds in other states are:</b>		
Queensland	Actors' & Entertainer's Benevolent Fund	<a href="mailto:abf@abfqlld.com.au">abf@abfqlld.com.au</a>
Victoria	Victorian Actors' Benevolent Trust	<a href="mailto:enquiries@vabt.com.au">enquiries@vabt.com.au</a>
WA	The Equity Benevolent Guild of WA	<a href="mailto:equityguild@iinet.net.au">equityguild@iinet.net.au</a>