To: RNZRSA National Office No: …..…………

**WELFARE ASSISTANCE APPLICATION FORM**

(To be completed by a Support Services representative of the RSA)

RSA NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Support Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Support Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT DETAILS**

|  |
| --- |
| Applicant Name: |
| Date of Birth: Service Number: |
| Countries Forces (circle one): NZDF / Other (please state): |
| Service Arm (circle one): Army / Navy / Air Force / Other[[1]](#footnote-1): |
| **Bank Account Number for Grant**: |

**SOURCES OF FUNDING APPLIED FOR / GRANTED**

|  |
| --- |
| National Trust: $ |
| Local RSA: $ |
| Applicant: $ |
| Family members: $ |
| Other Sources: (please specify)[[2]](#footnote-2) $ |
| Other Sources: (please specify) $ |
| **TOTAL FROM ALL SOURCES** $: |

**FINANCIAL DETAILS OF APPLICANT AND PARTNER**

Type $ Amount Frequency (Circle One)

|  |  |  |
| --- | --- | --- |
| NZ Super / Veterans Pension |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Surviving Spouse Pension \*[[3]](#footnote-3) |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| War Disablement Pension\* |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Disability Allowance |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Accommodation Supplement |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Wages/ Salary |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Other |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| **TOTAL NET INCOME $:** Daily / Weekly / Fortnightly / Monthly / Yearly | | |
| **SAVINGS?** Yes / No (Circle one). If yes, how much in total? $: | | |

**ESTIMATED EXPENDITURES**

Type $ Amount Frequency (Circle One)

|  |  |  |
| --- | --- | --- |
| Groceries/ Food |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Accommodation |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Utilities (power/gas/water/phone/internet) |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Transport/Fuel |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Insurances |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Medical costs |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Incidentals (entertainment/house cleaning/lawn services/etc) |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| Other |  | Daily / Weekly / Fortnightly / Monthly / Yearly |
| **TOTAL EXPENSES** $: Daily / Weekly / Fortnightly / Monthly / Yearly | | |

**SUPPORTING INFORMATION**

(Tick as applicable to what is attached to this form to support the application)

|  |  |
| --- | --- |
| Medical Certification |  |
| Doctor or specialist letters / Medical notes or correspondence |  |
| Correspondence / Letters / Legal documents |  |
| Monthly bank statement |  |
| Receipts/ Invoices/ Quotes/ Bills |  |
| Other (please specify): |  |

**AUTHORISATION**

|  |  |
| --- | --- |
| Permission To Act Form sighted and signed |  |

**DETAILS OF APPLICATION**

(Include what the grant is for, why the applicant needs a grant and impact of the circumstances on applicant)

|  |
| --- |
|  |

1. Widow/ dependant/ family member, etc. If the widow/widower or spouse of a service member is the applicant, add the service member’s full name, service and service number in DETAILS OF APPLICATION. [↑](#footnote-ref-1)
2. Includes other institutions, insurances, donations and other trusts. [↑](#footnote-ref-2)
3. \* The War Disablement Pension / Disablement pension and Surviving Spouses Pension are not taxable in NZ and is not considered income for the purposes of calculating total income. [↑](#footnote-ref-3)