

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 <sup>1</sup> :	
<b>Bank Account Number for Grant:</b>	

**SOURCES OF FUNDING APPLIED FOR / GRANTED**

National Trust: \$
Local RSA: \$
Applicant: \$
Family members: \$
Other Sources: (please specify) <sup>2</sup> \$
Other Sources: (please specify) \$
<b>TOTAL FROM ALL SOURCES \$:</b>

**FINANCIAL DETAILS OF APPLICANT AND PARTNER**

Type	\$ Amount	Frequency (Circle One)
NZ Super / Veterans Pension		Daily / Weekly / Fortnightly / Monthly / Yearly
Surviving Spouse Pension <sup>*3</sup>		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
<b>TOTAL NET INCOME \$:</b>		Daily / Weekly / Fortnightly / Monthly / Yearly
<b>SAVINGS?</b> Yes / No (Circle one). If yes, how much in total? \$:		

<sup>1</sup> 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.

<sup>2</sup> Includes other institutions, insurances, donations and other trusts.

<sup>3</sup> \* 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.

**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
<b>TOTAL EXPENSES \$:</b>		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	
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**DETAILS OF APPLICATION**

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

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