

# Application for Drought Household Payment

Version 0207



**State Disaster Recovery Centre**  
**PO Box 2645 North Parramatta NSW 1750**

File No: (SDRC Use)
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Date: \_\_\_\_\_

RLP Board: \_\_\_\_\_

<b>Name:</b>		<b>Date of Birth:</b>	/ /
<b>Address:</b>			
<b>Town:</b>		<b>Postcode:</b>	
<b>Phone:</b>		<b>Mobile Phone:</b>	

Family Information					
Name of all family members in residence	Relationship to applicant	Date of Birth	Occupation	Type of Benefit (eg Aged)	Present Gross Income per week before tax (including investments)
	Self				
	Spouse/Partner				
<b>Assets</b>	Cash in Bank	\$	Cash in Credit Union/Bldg Soc.	\$	Shares/bonds/ investments/other properties (excluding current property)

Family Household Expenses – <u>Outstanding</u> Accounts as at date of application					
Food:	\$	Telephone:	\$	Medical:	\$
Household Water:	\$	Electricity:	\$	Mortgage / Rent payment per week:	\$
Other: (please specify)					

<b>Future and/or extraordinary expenses:</b> (for example household expenses on credit card)	(please itemise with \$)
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<b>Referred by:</b> (please tick) <input type="checkbox"/> Self <input type="checkbox"/> Rural Financial Counsellor <input type="checkbox"/> Drought Hotline <input type="checkbox"/> Drought Support Worker <input type="checkbox"/> other  _____ (please specify)	<b>Previous Assistance Received:</b> (please specify) <input type="checkbox"/> Previously applied Department of Community Services Drought Household Payment <b>Yes / No</b> \$ _____ <input type="checkbox"/> Farmhand for Drought Relief Payment \$ <input type="checkbox"/> NSW Community Disaster Relief Fund \$ <input type="checkbox"/> Other Agency: _____ \$ <input type="checkbox"/> Other Agency: _____ \$ <input type="checkbox"/> Other Agency: _____ \$
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If your application is successful, please advise Bank/Credit Union account details for Direct Deposit (EFT):  
 (Account must be Savings or Cheque – NOT Keycard or Bankcard)

**Bank/Credit Union:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**BSB:** \_\_\_\_\_ (6 figures eg 021-000) **Account No:** \_\_\_\_\_

Signed: \_\_\_\_\_  
 (by Applicant)

Date: / /

# Application for Drought Household Payment

(This page must be sent with Page 1)

Version 0207

I, \_\_\_\_\_ and I, \_\_\_\_\_

Of \_\_\_\_\_

(address)

1. Make this application, and undertake to answer honestly any inquiry by any officer in relation to the application.
2. Undertake to expend any money granted to me as a result of the application for such purposes as may be stipulated.
3. Have not, as far as I am aware, omitted any information that would have a bearing on the consideration of my application, and I acknowledge that I may be required to provide evidence of statements made in this application.
4. Declare that the Statements set out in this application are true and correct in every particular.
5. Understand there is a maximum penalty of \$500 for making false or misleading statements.
6. Hereby authorise any enquiries being made relevant to my application for financial assistance, including any enquiries from the following:-
  - (i) my employer regarding my income (give name and address) \_\_\_\_\_
  - (ii) Centrelink, Department of Veterans Affairs and any superannuation fund of which I am a member, regarding my pension and/or any other benefits received by me.
  - (iii) The appropriate Local Government authority for information concerning my property.
  - (iv) Any bank, building society or credit union with which I have an account.
7. Give my permission for the referral of all details pertaining to my application to a properly constituted committee representing any publicly subscribed appeal fund from which I may be eligible to receive assistance.
8. Give my permission for such information I might provide or be collected in support of my application to be released to the NSW Department of Health to assist in the provision of further benefits to me.
9. Give my permission for contact to be made with the Recommending Agency to discuss my application further.
10. Give my permission for the outcome of this application to be made known to the Recommending Agency.

\_\_\_\_\_  
Signature of applicant

Date:     /     /

\_\_\_\_\_  
Signature of spouse or partner

Date:     /     /

# Application for Drought Assessment

Version0207

File No:  
(SDRC Use)

**Applicants Name:** \_\_\_\_\_

**For completion by Recommending Agency: (Rural Financial Counsellor, Drought Support Worker etc)**

Support Comments and Level of Assistance recommended:

**Referred to:**

- |   |  |
|---|--|
| <input type="checkbox"/> Centrelink                 | <input type="checkbox"/> Other Agency (please specify) |
| <input type="checkbox"/> Drought Hotline            | _____  |
| <input type="checkbox"/> Rural Assistance Authority | _____  |
| <input type="checkbox"/> Rural Financial Counsellor | _____  |
|   | _____  |
|   | _____  |

**Under which category would the applicant qualify:**  
(please refer to the attached criteria)

- Category 1 - Farm Households  
 Category 2A – Non Farm Households  
 Category 2B – Non Farm Households  
 Category 3 – Other Non Farm Households

Recommending Agency: \_\_\_\_\_

Recommending Officer's Ph: \_\_\_\_\_

Recommending Officer: \_\_\_\_\_  
Signature

Date: / /

PRINT NAME: \_\_\_\_\_

**Please fax completed application to (02) 9683 3936**

For any enquiries from the Agency, please call 1800 018 444

**For use by State Disaster Recovery Centre:**

**Category:**  1 – Farm Households  2A – Non Farm Households  3 – Other Non Farm Households  
 2B – Non Farm Households

**Grant:**  Approved  Declined

**Paid by:**  Direct Deposit

**Amount Approved:** \$ \_\_\_\_\_

Approved by:

Date: / /

- Bank A/c Details forwarded to Central Office  
 Entered in Database

Date: / /