

COMMUNITY PROGRAM 1:

HOUSEHOLD ESSENTIALS

The Household Essentials program provides up to \$3,000 per financial year to spend on a range of essential household expenses. Members who are sharing a household may pool benefits.

Applicant details

IBN Member's name

Date of Birth

 / /

Your gender

Male Female

Current home address

<input type="text"/>
<input type="text"/>
Postcode

Phone

Email address

Have your personal details changed?

No

Yes (If yes, please complete an 'Update personal details' form and attach it to your application.)

Language Group Yinhawangka Banyjima Nyiyaparli

Please tick box to select items.

- | | |
|--|---|
| <input type="checkbox"/> Baby items & accessories | <input type="checkbox"/> Home insurance (building insurance for homeowners only) |
| <input type="checkbox"/> Basic furniture | <input type="checkbox"/> Home security |
| <input type="checkbox"/> Clothing and shoes | <input type="checkbox"/> Household appliances |
| <input type="checkbox"/> Computers, mobile phone, computing supplies | <input type="checkbox"/> Linen and bedding |
| <input type="checkbox"/> Council rates (homeowners) | <input type="checkbox"/> Pest control |
| <input type="checkbox"/> Food and fuel – please tick your preferred payment method | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Food voucher <input type="checkbox"/> Food card | <input type="checkbox"/> Skip bins |
| <input type="checkbox"/> Fuel voucher <input type="checkbox"/> Fuel card | <input type="checkbox"/> Telephone/mobile bills or internet |
| <input type="checkbox"/> Gardening services or tools | <input type="checkbox"/> Utility bills |
| <input type="checkbox"/> Homewares | <input type="checkbox"/> Vehicle repairs, servicing, tyres, registration, insurance |
| <input type="checkbox"/> Home maintenance (for homeowners only) | <input type="checkbox"/> Veterinary expenses |
| | <input type="checkbox"/> Water – bottled |
| | <input type="checkbox"/> Water purifier and filters |

Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2020-21 Community Programs Handbook, or the IBN website www.ibngroup.com.au

Description of item (what is the money for?)	Name of supplier (who is being paid?)	Amount
		\$
		\$
		\$
		\$
TOTAL		\$

Comments

Required Documents (please attach)

- Original supplier quotes or invoices showing payment details
- IBN 'Update Personal Details' form (if required)

The address shown on the attached documents must match the Member's IBN-registered home address. If the document is not in your name, please check the following box:

- I am requesting IBN to make a payment for goods or services that are not in my name. However, I confirm that the expenses are for my own household and that these items will benefit me.

Declaration

I declare that the information I have provided in this form is true and correct. I agree that IBN may share my information with other organisations for application assessment purposes.

Signature



Date

/ /

Need help?

Contact: (08) 9140 0900
Freecall: 1800 014 401

Return this application to:

Email to: applications@ibngroup.com.au
Post: PO Box 2390, South Hedland, WA 6722
Fax: 08 9140 0996
In person: 3 Brand Street, South Hedland
973 Central Road, Tom Price
Unit 3, 4 Welcome Road, Karratha

Office use only

Date received

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 CP#

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 Received by

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IBN Corporation Pty Ltd | ACN 093 140 240