

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

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.

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

/ /

 CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240