



TAUPO RSA JOINT WELFARE COMMITTEE

A: 67 Horomatangi Street, Taupo

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T: 07 378-7476

E: admin@tauporsa.co.nz

APPLICATION FOR WELFARE ASSISTANCE

APPLICANTS DETAILS:

FULL NAME: SERVICE No:

MARRIED / SINGLE / WIDOW / WIDOWER DOB: / /

RETURNED / SERVICE / WIDOW or DEPENDANT of R & S / ASSOCIATE - RSA Member No:

ADDRESS:

PHONE: (.....) EMAIL:

BANK ACCT: - - -

TOTAL FUNDING SOUGHT FROM TAUPO RSA : \$.....

ASSISTANCE SOUGHT:

- 1. Give the purpose / need for which assistance is requested.
2. Give the impact of the circumstances on applicant
3. Specific payments must be supported by original invoices, receipts or other documents showing detailed expenditure as applicable.

Table with 15 empty rows for providing details of assistance sought.

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 ANNUAL EXPENSES \$: _____

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:

Whilst this may not be in my handwriting, I certify that the above details are correct. Under the Privacy Act 1993, I authorise the Taupo RSA Joint Welfare Committee to act on my behalf with power to search, copy and verify as necessary any information concerning my welfare application.

Applicant's or Agent's signature: _____

Agent's Details, if applicable:

Name: (please Print) _____ Contact number: _____

Contact email: _____

Date:/...../.....

OFFICE USE:

APPROVED / NOT APPROVED **AMOUNT:** \$..... **FUND:** Trust / Poppy Day / RSA Welfare

PAYMENT METHOD(S):

SIGNATURE: **DATED:** / /