

APPLICATION FOR ASSISTANCE

ACTORS BENEVOLENT FUND OF NSW

www.actorsbenevolentfund.org.au

Our Rules of Association allow us to:

“Raise and accumulate funds in order to provide financial and/or other assistance to members of the entertainment profession as defined in the Guidelines. Financial assistance may be provided in cases of hardship due to injury, illness, accident or disability for the member for such period and in such manner as the Management Committee deems fit.”

Please note: We are only able to assist those residing in NSW. Other States have their own Benevolent Funds, or similar. Information given in this document is confidential.

Name

MEAA Equity Membership Number (if available).....

Address

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Date of Birth

Phone number(s)

Email address

Name and phone number of person close to you:

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The Actors Benevolent Fund of NSW offers three types of Grants:

1. Annual Grant
2. Small Loan
3. Small Grant

1. Annual Grant

This grant of up to \$3,600 is paid in monthly installments of \$300.00. It can be requested for a 6 month or 12 month period.

Recipients are eligible for this grant for a maximum of three years, which will be reviewed on an 18 month basis.

Eligibility

To be eligible for this grant program:

- You are a current resident of NSW.
- You have worked professionally in theatre, film or television for a minimum of 5 years.
- You demonstrate financial need.

If your circumstances change significantly during the period of the grant the grant may be cancelled.

2. Small Grant

The fund, under certain circumstances, and at the discretion of the committee, will provide grants up to \$3,000 to assist with urgent and pressing medical and living expenses resulting from injury, illness, accident or disability. This one-off grant can be used to offset the costs associated with paying of bills associated with health or dental issues, to assist with with the purchase of essential items or urgent repairs to goods or dwellings, mobility issues, or specific items that are needed in order to continue in your employment. Funds may cover surgery, ongoing medical treatment such as chemotherapy, mental health therapy or the purchase of home medical equipment.

Grants made under this program are non-repayable and it is understood that the recipient would suffer significant financial hardship without this grant.

An acquittal of the funds is required to be submitted to ABF within 6 months of the grant being given.

Eligibility

- You are a current resident of NSW.
- You have worked professionally in the entertainment profession for a minimum of 5 years.
- You have demonstrated significant financial need.
- You provide proof of cost of treatment or expense, eg invoice from health provider or quote for equipment. If relevant.

- You supply a letter of support from a medical provider outlining the importance and benefit of the treatment and outcome to your standard of living.

3. Small Loan

In the event that the other forms of assistance available do not meet your needs, under certain circumstances and at the discretion of the Committee, a small interest free loan (up to \$3,000) may be made to assist with immediate medical costs associated with treatment resulting from injury, illness, accident or disability and/or significant urgent essential living expenses. This would apply in cases where the applicant is working, or has future work but is experiencing significant financial stress.

The recipient must fully repay the loan within 12 months from the agreed start date.

A repayment schedule will be agreed to at the time of the loan to be witnessed before a Justice of the Peace (JP). The repayment schedule will be a legally binding document and it is expected that the recipient will understand the commitment involved.

If you are confident you can fully repay the loan and have read and understood and can comply with these terms and conditions, and the terms and conditions of the repayment schedule, you may apply for a loan.

Eligibility

- You are a current resident of NSW.
- You have worked professionally in the entertainment profession for a minimum of 5 years.
- You have demonstrated significant financial need.
- You provide proof of cost of treatment or expense, eg invoice from health provider or quote for equipment.
- You show documented proof that you are able to repay a loan

Type of Assistance Requested

Annual Grant

Small Grant

Small Loan

How much are you applying for.....

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PLEASE COMPLETE THE FOLLOWING REQUEST FOR INFORMATION

Please supply a brief summary of the reason you require assistance.

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To help us process your request, we are required to ask you for the following information about your financial circumstances.

INCOME - Please list your annual income from:

Salary or wages	\$
Pension	\$
Benefits	\$
Investments	\$
Other	\$
TOTAL INCOME	\$

ASSETS

Please list the approximate value of your assets

Savings	\$
Property	\$
Car	\$
Shares, managed funds	\$
Other	\$
TOTAL ASSETS	\$

EXPENSES

Please give us an approximation of your monthly expenses

Rent / mortgage	\$
Food	\$
Car	\$
Utilities	\$
General living expenses	
Debt repayments	
Other	\$
TOTAL EXPENSES	\$

If convenient, we would appreciate a letter or other documentation from an accountant, bank manager, or a responsible person known to you, confirming the financial information above.

LIVING ARRANGEMENTS

Are you living with a partner?	Yes	No
If yes, do they contribute to the household finances	Yes	No
Do you have any dependents	Yes	No

If yes, please give details.....

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MEDICAL AND HEALTH INFORMATION

To help us assess your application, please describe to us your illness, disability, accident and/or any other detail relating to the reasons for your request for assistance.

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It would greatly assist our process if you could supply a letter, medical certificate or other documentation from a doctor or other registered medical or dental professional confirming the Medical and Health information above.

I understand that the details in this application are confidential and will never be made public. The Actors Benevolent Fund of NSW reserves the right to make discreet enquiries about the information provided.

I also understand that, should I be granted assistance, I will inform the Actors Benevolent Fund of NSW of any changes to my current circumstances which may affect my eligibility for assistance. I also undertake to provide the Fund with any updated information as may be requested from time to time.

By typing your name in this box (on this form) you agree to abide by the terms and conditions of the grant/loan and certify that all the information is true and correct to the best of your knowledge.

Name.....

Signature.....Date.....

In the presence of

Name.....

Signature.....Date.....

If using hard copy you can post this form, together with any letters or documentation to: Actors Benevolent Fund of NSW, 245 Chalmers St, Redfern, NSW 2016 • Or scan or photograph all the documents and email to: info@actorsbenevolentfund.org.au

The Benevolent Funds in other sates are:		
Queensland	Actors & Entertainers' Benevolent Fund	abf@abfqlld.com.au
Victoria	Victorian Actors' Benevolent Trust	enquiries@vabt.com.au
WA	The Equity Benevolent Guild of WA	equityguild@inet.net.au