



TRADITIONAL OWNER GROUPS

**WHITEGOODS AND HOUSEHOLD GOODS
APPLICATION FORM**

Before completing this form you should read the “**Southern Sub-Regional Trust 2020-2024 Grant Funding Guidelines**”. You **must** also meet the eligibility criteria on Page 4 of the Guidelines. Please ensure the entire application is completed.

If you have any queries or need assistance to complete this form please contact the Finance Grants Officers (see contact details below).

When completed please return to the:

Finance Grants Officer
Western Cape Communities Trust
PO Box 106
Weipa Qld 4874
Phone: (07) 4069 7945
Fax: (07) 4069 9947

Email: fgo1@westerncape.com.au or fgo2@westerncape.com.au

NAME OF APPLICANT: _____

APPLICATION MUST BE RETURNED BY: ____ / ____ / ____

NEXT SCHEDULED SOUTHERN SUB-REGIONAL TRUST BOARD MEETING: ____ / ____ / ____

**LATE APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE NEXT SOUTHERN SUB-REGIONAL TRUST
DIRECTORS BOARD MEETING**



TRADITIONAL OWNER GROUPS

1. APPLICANT DETAILS

Name of Applicant: _____

Traditional Owner Group: _____

Street Address:
(must be completed for delivery purposes) _____

Postal Address: _____

Phone Number: _____

Email (if available): _____

2. NOMINATED CONTACT

You may wish to nominate a person who can be contacted on your behalf in regards to your application. This person must be acquainted with the details of your application.

Name of Contact: _____

Phone Number: _____

Email (if available): _____



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3. FUNDING AVAILABLE

The SSRT supports funding that delivers an enhanced quality of life to the Traditional Owners it represents.

Grants will be provided to the elderly and sick or distressed and people suffering financial hardship.

Essential items for everyday living will be funded by the SSRT. Items for funding will include:

- Fridges
- Freezers
- Washing Machines
- Clothes Dryers
- Bedroom furniture such as beds, bedside tables or tallboy cupboards
- Mattresses
- Bed and bath linen
- Dining table and chairs
- Basic kitchen utensils
- Air conditioners – this **does not** include installation
- Small kitchen appliances eg microwaves, kettles, toasters – **does not** include novelty type items, coffee machines, electric mixers, deep fryers and so forth
- **DOES NOT** include other electrical goods such as, but not limited to, lamps, vacuum cleaners, irons, TV's, DVD players, or stereos **etc.**
- **DOES NOT** include other furniture items such as, but not limited to, lounge suites or chairs, sofa beds, lamp or coffee tables, entertainment units etc.

Terms and Conditions

- A capped amount of \$6,000 is available to each household only.
- Applications are considered on the basis of old age/sickness/disability or low income **ONLY**.
- Applicant must provide proof of receiving Centrelink Income Support Payments (Family Tax Benefit alone is not proof of low income) or a copy of a current and valid Centrelink issued health care card.
- Applicant must be living in their own home or have written confirmation of being allocated a house and not on the housing waiting list.
- An applicant can only apply for funding every three (3) calendar years and applicants must sign the statement and declaration regarding the supply of whitegoods.



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You must indicate which category you are applying under:

Please tick

Old Age/Sickness/Disability

Low Income

If you are not within one of the above categories your application will not be considered.



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FAMILY TREE FORM

*Please complete the Family Tree below.
 This Family Tree must be completed in full to your
 Grandparents and preferably to your Great Grandparents
 where possible.*

MOTHERS FAMILY TREE

FATHERS FAMILY TREE

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Great Grandmother Name _____ _____
Traditional Owner Group
Great Grandfather Name _____ _____
Traditional Owner Group

Grandfathers Name _____ _____
Traditional Owner Group

Grandmothers Name _____ _____
Traditional Owner Group

Grandfathers Name _____ _____
Traditional Owner Group

Grandmothers Name _____ _____
Traditional Owner Group

Mother Name _____ _____
Traditional Owner Group

Fathers Name _____ _____
Traditional Owner Group

Applicants Name _____ _____
Traditional Owner Group

Applicants Partner _____ _____
Traditional Owner Group



TRADITIONAL OWNER GROUPS

SSRT – Whitegoods & Household Goods

Statement and Declaration

First Time Applicants:

By lodging this Application for consideration by the SSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. I have not previously applied to the SSRT for a grant for any Goods;
2. The Goods that I request in this application will satisfy the basic necessities for living within our household;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

Subsequent Applications:

By lodging this Application for consideration by the SSRT Board for a grant for Whitegoods/Household goods (**Goods**), I make the following Statements and Declaration:

1. All Goods that have previously been received from a grant by the SSRT are no longer of serviceable condition and none of such Goods have been sold, gifted or otherwise disposed of by me or any person in the household residence;
2. Our household has not received any Goods from a grant provided by the SSRT within the last 3 years;
3. Our household residence currently does not have the Goods that I wish to acquire;
4. If the application is approved, I will only acquire Goods which will satisfy the basic necessities for living for our household residence; and
5. The Goods will be properly looked after and maintained by the household and will not be sold, gifted or otherwise disposed of by any member of the household.

Declaration:

I acknowledge that should it be established that any of these above statements prove to be incorrect I will no longer be eligible to apply for any future grants of Whitegoods/Household Goods from the SSRT, and no person within my household will be eligible to apply for any future grants of Whitegoods/Household Goods from the SSRT.

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

(Name of Applicant) -

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

Name of Witness:



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4. DECLARATION

I declare that the information I have provided on this form is complete and accurate and that my application meets the Western Cape Communities Trust, Southern Sub-Regional Trust 2020-2024 Grant Funding Guidelines.

I accept and agree to the Terms and Conditions as outlined in this application.

I understand that my application will be considered at the next meeting of the Southern Sub-Regional Trust Board of Directors.

I understand and accept that the Directors decision to approve or not approve this application is final.

I understand that I may be requested to provide additional information.

Signature of Applicant:

**Signature of Contact (if
different from Applicant):**

Date:

_____/_____/_____

What happens after the Directors of the Southern Sub-Regional Trust have considered my application?

Successful Applicants

Following the Southern Sub-Regional Trust Board of Directors Meeting you will receive a letter from the WCCT Finance Team to notify you of the outcome of your application.

Unsuccessful Applicants

You will receive a letter advising of the Boards Decision.