



## Application for Exceptional Hardship Support Payment for Individuals or Small Business

Information regarding eligibility can be found by calling 1800 180 213 or at: [www.dhs.vic.gov.au/bushfireappeal](http://www.dhs.vic.gov.au/bushfireappeal)

Email enquiries:  
[vicbushfireappealfund@dhs.vic.gov.au](mailto:vicbushfireappealfund@dhs.vic.gov.au)

If you are having trouble with providing proof of identity please discuss with a Department of Human Services representative on the above number.

### When completed:

Post: Victorian Bushfire Appeal Fund  
GPO Box 4057  
Melbourne 3001

Fax: (03) 9092 1926

**TO PROCEED WITH THIS APPLICATION YOU MUST SIGN THE STATUTORY DECLARATIONS AND PRIVACY STATEMENT ON PAGES 5 & 6**

### Applicant

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Name: .....

Address: .....

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Contact details

Business Hours phone number:

.....

Mobile phone number:

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Email address:

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If you are making this application on behalf of a Business please provide the following information:

Business Name:

.....

ABN:

.....

Business Address:

.....



**Independent Confirmation of Provision of Service/Support**

Please attach references from organisations and individuals that confirm the support provided by you/your business. These references should identify you/your business specifically, describe the service/support given and the duration over which it was/continues to be provided.

At least one reference must be from a recognised charity (eg. Red Cross, Salvation Army) or other official organisation (eg. Victoria Police, Department of Human Services, Country Fire Authority, State Emergency Service, etc)

These must be attached to this application before it is submitted.

**Financial Hardship Evidence**

Please attach evidence of the financial hardship you/your business have suffered as a result of the contribution to Bushfire Relief activities. This may include receipts for goods provided, outstanding bills for goods provided where you will not otherwise receive payment for these, evidence of your lost/change in income during the period you provided relief, or other evidence that supports your application.

Please list what you have attached and explain what it demonstrates in terms of financial hardship.

| Financial Record | Financial Hardship Explanation |
|------------------|--------------------------------|
|                  |                                |
|                  |                                |
|                  |                                |

**Bank Account Details**

Please provide the Bank Account into which the payment, if approved, is to be deposited.

Account name:

.....

Bank:

Branch:

BSB:

Account number:

.....

Statement regarding eligibility for the **Exceptional Hardship Support** payment

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If you are applying for this payment for **yourself** please complete and sign the following statement:

I, .....  
[applicant name]

confirm that I have not received, are not currently receiving and will not apply for the Exceptional Circumstances Income Relief Payment (Centrelink) or other reimbursement for my contribution to the 2009 Victorian Bushfire Relief activities.

I confirm that I was not a member of a volunteer organisation whilst rendering the described support or service.

I confirm that the support or service that I provided were not in the course of my usual employment.

Signed: .....

Date:        /        /

**OR**

If you are applying for this payment **on behalf of a business** please complete and sign the following statement:

I, .....  
[applicant name]

..... of  
[position title]

confirm that, .....  
[business name]

has not received, are not currently receiving and will not apply for the NDRRA Small Business Recovery Grant, or other reimbursement for the contribution provided by the business to the 2009 Victorian Bushfire Relief activities.

I confirm that the services and/or support provided by the business were not provided as a means of marketing the services or capabilities of the business.

Signed: .....

Date:        /        /

## Privacy Statement

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I understand that:

- The Victorian Bushfire Appeal Fund is collecting information in this form for the purpose of determining my eligibility for financial assistance.
- This information will not be used for any other purpose other than determining eligibility and verifying that the information provided is true and correct.
- If I am unable to provide this information upon request, the Fund will be unable to process my application.
- The Fund may need to verify these details, and this may involve contacting health services, councils, employers and government and non-government departments and agencies.
- I can request this information by contacting the Victorian Bushfire Appeal Fund.
- When I provide the Fund with information about other individuals, the Fund relies on me to make these individuals aware that such information will or may be provided to the Fund as part of the application process.
- The information may be cross-checked with other applications.

I agree with the stated purpose:

YES

NO

Name: .....

Signature: .....

Date:        /        /

Application for **Exceptional Hardship Support** Payment Statutory Declaration

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I, .....  
[full name]

of .....  
[address]

.....  
[occupation]

do solemnly and sincerely declare that:

**I acknowledge that this application is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.**

Declared at .....

in the State of Victoria, this .....

day of ..... 2009.

.....  
Signature of person making this declaration  
[to be signed in front of an authorised witness]

Before me, .....  
[Signature of authorised witness]

Name, address and title of authorised witness: .....  
.....  
.....

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