MUTUAL TRUST

Yinhawangka Charitable Trust
Distribution Application Form

Air Conditioning & Essential Household Items Policy

Relief of Poverty & Disadvantage

Provides each registered beneficiary with financial assistance toward the costs for the supply, installation, repair, maintenance, and servicing of an air conditioning unit / system and / or ceiling fan/s at their registered principal place of residence, includes fixed wall units and patio heaters. Essential household items includes items that heat, cool, cook, wash, and clean, plus bedding, linen, general furniture, crockery, and cutlery.

BENEFICIARY INFORMATION

Application Date:	Date of Birth:	
Full Name:		Suffix: ☐ Junior ☐ Senior
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

☐ **Please tick if the phone number provided is a new number and you would like us to update your contact details**

DETAILS OF AIR CONDITIONING UNIT or ESSENTIAL HOUSEHOLD ITEMS

Property address of installation:.....

Do you own the property? ☐ Yes ☐ No (an approval letter is required from the owner)

Cost of Air Conditioner: $ ..... Supplier Name: .....

Cost of Installation: $ ..... Supplier Name: .....

Cost of Household Item $..... Supplier Name: .....

TOTAL **$ .....** *(max $5,000 per beneficiary – once off payment)*

REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?

Have you paid the bill? ☐ Yes ☐ No

If **'yes'** please provide:
- ☐ Quote / invoice/ receipt detailing services and that the account has been paid; and / or
- ☐ Bank statement / remittance showing the funds were paid from your bank account.
- ☐ Approval letter from Housing Authority/Landlord if you are not the home owner.

If **'no'** please provide:
- ☐ A quote or invoice from the supplier detailing the services and the amount owed; and
- ☐ Supplier contact, payment details and ABN, should be included on the supplier invoice.
- ☐ Approval letter from Housing Authority/Landlord if you are not the home owner.

Applications will NOT be processed until supporting documentation and supplier payment details are received

☐ I am not claiming for benefits from any other funding source in relation to this account (e.g., another Trust, government agency or an insurance policy).

☐ I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days**

Beneficiary Signature: ..... **Date**: / /

NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:
Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au **Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909