

Utilities Policy
Relief of Poverty & Disadvantage

Provides each registered beneficiary with financial assistance to assist with the costs associated with utility services such as electricity, water, gas, gas bottles and council/shire rates. Beneficiary must be the owner of the house / property. **The Property does not have to be a principal place of residence.**

BENEFICIARY INFORMATION

Application Date:		Date of Birth:	
Full Name:		Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> 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 UTILITIES SERVICE PROVIDED

<input type="checkbox"/> Gas	\$.....	Provider Name:	Supply period: / / to / /
<input type="checkbox"/> Electricity	\$.....	Provider Name:	Supply period: / / to / /
<input type="checkbox"/> Water	\$.....	Provider Name:	Supply period: / / to / /
<input type="checkbox"/> Council/Shire rates	\$.....	Provider Name:	Supply period: / / to / /
<input type="checkbox"/> Other	\$.....	Please specify	

TOTAL \$..... **Up to \$15,000 per beneficiary per financial year (included in overall combined limit of \$15,000)**

REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?

Have you already paid the bill(s)? Yes No

If **'yes'** please provide: Invoice detailing services from supplier and the amount paid; and
 Receipt / bank statement / remittance / pay slip showing the funds were paid from your bank account / were deducted from your salary.

If **'no'** please provide: Invoice detailing services from supplier showing the amount owed; and
 Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

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

- I am not claiming benefits from another source for this expense (e.g. another Trust, government agency or employer)
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

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
 If you have any queries, please contact us on (08) 9230 7700