

FY 25-26 Martidja Banyjima Household Utilities Support

Member Details – this section must be completed

To be eligible for this assistance, an applicant must meet the beneficiary criteria as follows:

1. the person is listed as a Non-IBN (MIB) Banjima Beneficiary on the Register of Banjima People, in accordance with the Trust Deed;
2. The Non-IBN (MIB) beneficiary must be listed as the owner, co-owner, or named tenant on the property associated with the utility bill;

Members Full Name (including middle name)

Date of Birth

 / /

Contact Phone Number

Tick () if 'yes'

- This is my current number, please update my record
- This is a temporary number, please do not update my record

Email

The following are my current contact details and should be updated on my record: Tick () if 'yes'

Residential Address

Suburb

State

Postcode

Postal Address (if different to residential address)

Suburb

State

Postcode

Utilities Support

Inclusions -

- Household electricity utility service bill
- Household water utility service bill
- Household gas utility service bill
- Internet and telecommunications bills
- Shire rates

Please note:

- This policy is restricted to the payment of household utility services
- The beneficiary does not need to be named or listed on the utility bill; however, they must prove either permanent residence at the address listed on the bill or ownership of the property in question (either joint or sole).

Exclusions:

- Cash payments
- Groceries / food
- Fuel
- Health related expenses

Beneficiary Allowance

- Up to \$1,000

Details of request: (note; no cash payments or reimbursements to beneficiaries are allowed)

Items	Supplier	Phone	Invoice / Quote No (#)	Amount
Total:				

Comments: _____

Checklist of required documentation

Please tick ()

If any supporting documentation has not been included BNTAC will contact the member to advise. This may delay processing of the application. BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive. If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

Declaration

I declare that the information I have provided above is true, complete, and accurate. I authorise BNTAC to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself. I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima beneficiary.

Signature

X

Date

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Please send the completed form to:

Email: ms@bntac.org.au

Fax: 08 9216 9898

Post: BNTAC, PO Box 6278 WA, 6892

In person: Level 1/165, Adelaide Terrace, East Perth WA 6004

For further information please contact BNTAC on 9216 9888