



“A Trust devoted to helping the Hearing Impaired”

Please complete this application form in full and post it, together with all the requested supporting documentation, to: Blue Lagoon Hearing Trust, P O Box 8354, Cherrywood, Tauranga 3145.

APPLICATION FORM FOR FINANCIAL ASSISTANCE

NAME (in full):

ADDRESS:

PHONE NO. **DATE OF BIRTH:**

AGENT’S NAME:
(if you are being represented and/or supported)

AGENT’S ADDRESS:

AGENT’S PHONE No.

Do you have a Community Services Card **Yes/No**

What is the financial aid required for:
.....

Amount applying for:

Have you approached any other institution/organisation for help? YES / NO
If yes, please state name and amount:

Do you have medical insurance? YES / NO If yes, please state company name:

If your application is for financial assistance to purchase a hearing aid, are you receiving a War Pension? YES / NO

This Trust requires the following documentation to accompany your application:

1. At least 1 letter detailing the equipment/help proposed and quoting the cost of the equipment. Preferably, 2 letters of quote from different suppliers should be obtained, each detailing this information.
NOTE: If Tauranga Hospital Audiologist provides letter, this 1 such quote will suffice.
NOTE ALSO: Where hearing aid funding is being sought, these letters must be provided by Audiologists who are full members of the NZ Audiological Society.
2. Proof of your financial status, AND that of your Partner (if any) i.e. Copies of bank statements (NOT Bank printouts) for all Bank accounts, and covering at least one month’s transactions accounts.
Also details of any investments, share holdings etc.
3. A letter (which will normally be addressed to Applicant) from Work & Income, detailing either the amount of loan assistance that Work & Income are prepared to approve, or stating their inability to assist. If Work & Income cannot assist, an explanation for such decision would be helpful.
NOTE: It may be in applicant’s interest that any loan assistance available from Work & Income not be drawn down prior to this application being considered by Blue Lagoon Hearing Trust.

Also Please Note:

- The Statement of Position on back of this form must be completed.
- A personal interview will be required with the Coordinator of the Blue Lagoon Hearing Trust.

STATEMENT OF POSITION

ASSETS

Please give details of any cash assets, i.e. all money in bank or savings organisations, money lent to other people or organisation, money in bonus bonds, shares, debentures or government stock.

Type of Asset	You	Your Partner	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

NON-CASH ASSETS

Please give details if you own your own home, vehicles, holiday home, leisure boats, caravan, land or buildings.

Type of Non Cash Asset	You	Your Partner	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

INCOME

Please give details of income over the last 12 months, i.e. salary/wages, government or private superannuation, Social Welfare benefit, Accident Compensation, business income, income from rent, child support, maintenance received.

Type of Income	You	Your Partner	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

EXPENSES (Outgoings)

Please give details such as rent payments, mortgage payments, insurances, personal loans, credit cards, overdraft facility, hire purchase payments etc.

Type of Expenses	You	Your Partner	Joint
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

DECLARATION

The information I have given is a true and correct record.

Applicant's Signature

Date

Partner's Signature

Date

Agent's Signature

Date

(If being represented and/or supported)

Have you attached all the documentation requested on page 1 of this application?

Information provided in this application may be used for statistical purposes, i.e. what type of help is being applied for. Applicant's rights under the Privacy Act will be protected at all times.