



Blue Lagoon Hearing Trust is a charitable Trust devoted to helping the Hearing Impaired.

Please complete this application form in full and email it, together with all the requested supporting documentation, to: info@bluelagoonhearingtrust.co.nz

Alternatively, post to: Blue Lagoon Hearing Trust, P O Box 8354, Cherrywood, Tauranga 3145.

Application for Funding

Date	Name (First)	(Other)	(Surname)
Street Address	Unit	Suburb	Post Code
Phone	Email	Date of Birth	Community Services Card? Yes, Number: No <input type="checkbox"/>
Amount Requested	Do you have medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you receiving a War Pension? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you approached other institutions for assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>

Financial aid requested for: _____

This Trust requires the following documentation to accompany your application:

- 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.
- 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.
- 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 second page of this form must be completed.

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	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	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	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.