



CWA of Victoria Drought Relief - September 2019

The information provided will remain confidential. Only statistical summaries may be released.

Assistance to help meet household expenses for drought affected families, **up to a maximum of \$3,000 per family/household**, is available to **eligible applicants**. Expenses can include grocery bills, school, electricity, rates, telephone, urgent dental and medical costs. These expenses can be current and/or outstanding.

Eligibility Criteria:

You must meet each of the following criteria:

Please Tick which applies to you

- Farmers, farm workers or farming dependent contractors, and/or
- A farming dependent family (including families servicing farming, such as farming contractors)
- In addition, applicants must also demonstrate the following:
 - a reliance on farming or farming related activities for the majority of their income; AND
 - evidence that their primary source of income has suffered as a direct result of drought

Please Tick one box

Which Shire / Council are you located in:

- | | |
|---|---|
| • Buloke <input type="checkbox"/> | • Pyrenees <input type="checkbox"/> |
| • East Gippsland <input type="checkbox"/> | • Strathbogie <input type="checkbox"/> |
| • Gannawarra <input type="checkbox"/> | • Swan Hill <input type="checkbox"/> |
| • Latrobe <input type="checkbox"/> | • Wellington <input type="checkbox"/> |
| • Mildura <input type="checkbox"/> | • Yarriambiack <input type="checkbox"/> |

Grants are available to help meet household expenses, including:

- Food
- School expenses
- Electricity, gas, rates
- Telephone expenses and
- Urgent dental and medical treatment

IF YOU MEET THE ABOVE CRITERIA PLEASE PROCEED:

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Please return completed form and attachments to: drought@cwaofvic.org.au, or
Mail to Drought Relief, CWA of Victoria, 3 Lansell Road, Toorak VIC 3142

Name: _____

Address: _____

_____ Telephone: _____

Email: _____

What is your primary source of income? _____

Briefly describe how the drought has impacted on your primary source of income and your circumstances:

Total amount sought: _____ (max \$3,000)

You must also provide copies of invoices and/or receipts (keep originals for your records).

Funds sought for/or name of Service Provider	Due Date	Amount

In order for your application to be considered, you must provide your bank account details as payments will be transferred directly to your bank account for you to make your payments.

Name of Bank : _____

The name/s on YOUR Account: _____

BSB: _____ Account No: _____

Have you provided?	
Evidence of Criteria	<input type="checkbox"/>
Your bank a/c details	<input type="checkbox"/>
Invoices/receipts	<input type="checkbox"/>

Signature: _____ Date: _____

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OFFICE USE ONLY

Assistance Approved Yes / No

Comments: _____

Executive Director's signature: _____

Payee	Amount	Payment Method	Date Paid	Code