

FY 23-24 Martidja Banyjima Rental Support Form

Member Details – this section must be completed

To be eligible for this assistance, an applicant must be a registered Martidja Banyjima (non-IBN) beneficiary.

Members Full Name (including middle name)

Date of Birth

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Contact Phone Number

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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

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Postal Address (if different to residential address)

Suburb

State

Postcode

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Rental Assistance

Available	Beneficiary allowance
Rental Support	Up to \$25,000

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 (✓)

Copy of signed lease agreement with beneficiary listed as the tenant

AND

Copy of tax invoice / statement of balances currently owing from landlord / real estate agent / Department of Communities (Housing) 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

□ □ / □ □ / □ □ □ □

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