

**Banjima Native Title Aboriginal Corporation (BNTAC) RNTBC - ICN: 7971**  
**2.6 MIB HEALTHY LIVING PROJECT ASSISTANCE**  
**APPLICATION FORM**

<b>MEMBERS DETAILS - This section <u>must</u> be completed</b>	
To be eligible for this assistance, an applicant must meet beneficiary criteria as follows:	
<ol style="list-style-type: none"> <li>1. A registered MIB (non-IBN) beneficiary</li> <li>2. Birth Child registered under the above membership</li> </ol>	
Members Full name (incl. middle name):	
Contact phone number:	
Residential address:	
Postal address: (if different from your residential address)	
Email address:	
Date of Birth:	

**ASSISTANCE AND SUPPORT FOR HEALTHY LIVING PROJECT:**  
*Supports and assists with expenses towards the maintenance of a healthy standard of living. This assistance can provide members the opportunity to access funds to meet expenses associated with the costs of household expenses, goods and services to maintain an active lifestyle.*

**PLEASE TICK WHICH ITEM/S YOU WOULD LIKE ASSISTANCE WITH:**

<input type="checkbox"/> House hold expenses and everyday cost of living (bills, groceries, fuel)	<input type="checkbox"/> Education and training costs including lessons (e.g. music) and tuition and associated equipment
<input type="checkbox"/> Health & sports & recreational activities	<input type="checkbox"/> Car repairs and registration
<input type="checkbox"/> Medical and dental costs (surgery, travel to appointments, mobility vehicles, but excluding cash for carers' costs)	<input type="checkbox"/> Travel and accommodation costs related to travelling to and from meetings, conferences or Indigenous cultural events (additional to Trust community meetings)
<input type="checkbox"/> House improvements including swimming pools, landscaping, rubbish removal Housing deposits	<input type="checkbox"/> IT - IT services, computers, laptops, software, hardware, tablets, i-pads, mobile phones, prepaid credit
<input type="checkbox"/> Mobile housing (such as caravans, camper trailers)	<input type="checkbox"/> Insurance costs (life, vehicle, house, travel, pet insurance)
<input type="checkbox"/> Removals costs	<input type="checkbox"/> TVs and DVDs
<input type="checkbox"/> Cleaning services	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Day-care and afterschool care (excluding cash payments to carers)	<input type="checkbox"/> Housing/ Caravan Park rental and mortgage payments
<input type="checkbox"/> Firearms for hunting (with valid license and registration according to firearms laws and regulations)	<input type="checkbox"/> Household items (cooling and heating devices, whitegoods, cooking appliances, linen, furniture)
<input type="checkbox"/> Tools and equipment	<input type="checkbox"/> Purchase of vehicles, vehicle loan payments
<input type="checkbox"/> Emergency accommodation	<input type="checkbox"/> Companion / pet purchase and costs
<input type="checkbox"/> Funeral Costs	<input type="checkbox"/> Clothing
<input type="checkbox"/> Lore & Culture meetings	<input type="checkbox"/> Passports
<input type="checkbox"/> Toys	

**NOTE Exclusions:** Cash payments (including for rent, boarding and credit cards), legal costs, fines/penalties/criminal related costs, dirt bikes/boats/jet skis, alcohol and tobacco products, gambling, celebrated events (weddings/birthdays etc.), weapons, tax debt.

<b>Beneficiary Allowance:</b>	
Healthy Living Project	\$ 10, 000

**PLEASE NOTE:** Any amount unspent by a beneficiary in any year will be rolled over on account for that beneficiary and can spent in following years. No allocations of funds can be transferred to another member.

**DETAILS OF REQUEST: (Note; no cash payments or reimbursements to beneficiaries are allowed)**

Items	Supplier & Store location	Phone	Invoice/Quote Number	Amount
			<b>Total</b>	

**Comments:**

**Checklist of required documents:**

<input type="checkbox"/>	Quotes/invoices for items requested
<input type="checkbox"/>	Support documentation for emergency accommodation and other Travel requests
<input type="checkbox"/>	Birth certificate of children under 18 years (this is required to show biological link to adult Banjima/Daisy person) if quote/invoice relates to a minor
<input type="checkbox"/>	Shared Household and Vehicle Cost Supplementary Form. (If household bill is not in your name, but you live at the same address).

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 Banjima Native Title Aboriginal Corporation (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/Daisy beneficiary.*

<b>Signature:</b>	<b>Date:</b>
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