

COMMUNITY PROGRAM 1: **HOUSEHOLD ESSENTIALS**

1.1 HOUSEHOLD ESSENTIALS

IBN Member's Full Name: Membership Number:

Date of Birth:

Registered Home Address:

Phone: Email Address:

Language Group: Yinhawangka Banyjima Nyiyaparli

Programs

Please select only one program per application form. If you require access to two different programs, please complete a second application form. Please attach all supporting documents/invoice.

| | |
|--|---|
| <input type="checkbox"/> Home Basics | <input type="checkbox"/> Personal Items |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Vehicle Cost |
| <input type="checkbox"/> Household Bills / Rates | <input type="checkbox"/> Home Improvements / Security |
| <input type="checkbox"/> Pet Cost | <input type="checkbox"/> Travel / Food and Fuel |
| | <input type="checkbox"/> White Goods |

| Description of Item: | Name of Supplier: | Amount: |
|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Total | | \$ <input type="text"/> |

Comments:

I declare that the information I have provided in this form is true and correct, and the benefits requested are for my own use.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature: Date:

Need Help Contact IBN:
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