# New Zealand Communities Growth Trust (NZCGT)

# **Relief of Poverty Application Form (individual)**

Any information that we collect from you is private and confidential to Public Trust and will be handled in accordance with the Privacy Act 2020.

#### What is the purpose of the Trust?

The Trust supports individuals disadvantaged by cults or communities, in particular past residents of Centrepoint and their children. The Trust also assists organisations that that provide services that meet the purposes of the Trust as well as providing <u>Education Scholarships to individuals</u>.

## Am I eligible for relief of poverty funding?

One of the ways the Trust helps is by financial assistance and relief of poverty for individuals disadvantaged. Check if you meet the criteria below.

#### What are the criteria?

- > Past residents of Centrepoint & their children.
- > People disadvantaged by cults/communities.

The law uses a broad interpretation of the meaning of 'poverty'. Generally, this includes anyone who does not have access to the basic necessities of life that most people take for granted.

The applicant must show an identifiable need arising from their circumstances that requires support, and they must show they have difficulty in addressing that need themselves.

The intention is not just to provide financial assistance – it is also to provide support towards financial management and budgeting courses.

## What minimum living expenses are funded?

- > Essential living expenses: food & groceries, clothing, transport costs. Due to sustainability reasons, we're unable to support ongoing vehicle repairs where clients have access to public transport nearby.
- > Mortgage/rent/board payments.
- > Utility bills (power, water, phone) Minimum living expenses in relation to any financial dependants (e.g., school uniform).
- Emergency dental expenses. The Trust will need a written quote from the provider confirming the emergency.
- > Budgeting support courses via Counselling & Therapeutic Application Form.

The minimum application request is \$200. Subject to the criteria specified, there is no limit in terms of the number of applications that are able to be submitted and/or the funding available per person. Each application is considered on its merits, and allocation of funding is at the discretion of the Trustee.

#### What minimum living expenses are not funded?

NZCGT does not provide retrospective funding unless in an emergency situation where the application is submitted to the Trustee and discussed as soon as possible.



## How can I apply?

Complete Pages 2 to 7 of this Form. If you have any trouble completing the form or have any other queries, please contact us by phone on 0800 371 471 or email us at nzcgt@publictrust.co.nz

- > The application form must be completed in full, signed and dated.
- > Incomplete applications or modified applications will not be considered.
- > First time applicants will need to explain by cover email how they been disadvantaged by a cult or spiritual community.
- Applications must be submitted by email by 5pm on the closing date (15th and 30th monthly).
- > Any application received after the closing date will be considered in the next round.
- > Applications will be assessed within 5 to 10 working days after the closing date. Outcomes will be provided to all applicants by email. Please note that, in December, applications will only be considered soon after the 15th of the month.

Fresh application forms at publictrust.co.nz/grants

The Trustee may seek further information that it considers necessary to assess an application. The decision of the Trustee is final. In some circumstances, consideration may be given to engagement of other services such a financial management and budgeting advice. All applicants must advise if other avenues of financial assistance have been explored first, such as assistance from Work and Income, and / or Hardship Withdrawal from their KiwiSaver provider or their partners.

- > All applications must be completed in full, signed and dated
- > All support documentation (as detailed on page 6) must be submitted with each application.
- > Failure to provide the requested support documentation will result in a delay with the outcome being provided.

Occupation

### **Applicant details**

Title

First names Address

Surname

Date of birth Daytime phone

Marital status Evening phone

Known by any Email



## **Brief description of your background**

I was a resident of Centrepoint during the period of

My parent(s) were resident(s) of Centrepoint during the period of to

I was a resident of cult/ community during the period of to

All applicants must advise if other avenues of financial assistance have been explored first, such as assistance from Work and Income, and /or Hardship Withdrawal from their KiwiSaver provider. (tick the most suitable option below)

#### Financial assistance request

Please answer the questions to the best of your ability. Estimates are required if accurate information is not available.

Detail what financial assistance is being sought

Amount

Total

How much are you able to contribute? (It is expected that all applicants contribute an amount towards the request)

How much are you applying for?

to

Have other avenues of assistance been explored such as assistance from Work and Income, KiwiSaver, etc? (Please check prior if you are eligible for any assistance from WINZ. Eligible applicants will be required to provide the outcome of assistance provided by WINZ)

Yes No

Please provide an outline of what avenues have been sought:



## Please tell us about your financial assistance application

Applications are strictly confidential, so please write about your situation as fully as you feel able and note any important factors such as family crisis, health, housing, special needs, work, personal circumstances, family background, goods or services requested.

- > Please answer the questions to the best of your ability. Estimates are required if accurate information is not available.
- > If you need more space, please include extra information with your application.

### Financial assistance request

Weekly income after tax	Applicant	Partner	Weekly expenses	
Wages/salary (full-time or part-time)	\$	\$	Mortgage, rent or board payments	\$
Work and Income (eg: any benefit, pension, supplements	\$	\$	Rates	\$
or payments, etc.)	\$	\$	Minimum credit card payments	\$
ACC payments			Child support or maintenance paid	\$
Self-employment income and drawings	\$	\$	HP or other loan payments	\$
IRD/ MSD (eg: Working for Families payments, entitlements etc.)	\$	\$	Groceries	\$
Child support or maintenance received	\$	\$	Utilities (power, gas, internet, landline, mobile, etc.)	\$
Rent/board received	\$	\$	Other household expenses	\$
Interest, dividends or rental income	\$	\$	Childcare, education fees	\$
Any other income (Kiwisaver, private pension etc)	\$	\$	Healthcare, e.g., doctor, dentist, vet	\$
Total	\$	\$	Other personal/family expenses	\$
	,	_] [ '	Home and contents insurance	\$
			Car insurance	\$
			Life, medical, disability insurance	\$
			Transport (vehicle rego, WOF, fuel, public transport, parking)	\$
			Other essential expenses (Please provide explanation)	\$

Total

## **Assets**

If you need more space below, please include extra information in your cover email.

Vehicles (car, boat, caravan,			
trailers etc)	Values	Do you or your spouse/ partner own	
Make/model and year	\$	or commercial property?	
Make/model and year	\$	Yes (Please detail below)	No
Make/model and year	\$	Property 1	
		Property address	
Bank accounts – NZ & internationa full bank account statements (PDF			
for both NZ and international accounts. These should be suitable for email transmission and		Estimated current value	\$
include all relevant account types,	such as:	Current mortgage balance	\$
> Everyday/transactional accounts		Equity (setimented assuments relice	\$
> Cheque accounts		Equity (estimated current value less current mortgage balance)	P
> Savings accounts			
> Credit and debit card accounts		Property 2	
> Prepaid credit balances		Property address	
> KiwiSaver account			
	Today's balance		
Bank name:	\$	Estimated current value	\$
Bank name:	\$	Current mortgage balance	\$
Bank name:	\$	Equity (estimated current value	\$
Bank name:	\$	less current mortgage balance)	
Loans or money owed to you. Full sneed to be provided. (Please provided.)		Business assets	\$
company name of whoever owes y			
By:	\$		
_		Total assets	\$
By:	\$		
Ву:	\$		
Other asset held accounts. Full state to be provided (eg: Kiwisaver, share			
	\$		



## Liabilities

Loans (personal/mortgages) Full statements may be required		Other debts Full statements may be required			
Туре		Туре			
Limit	\$	Limit Outstanding balance		\$	
Outstanding balance	\$			\$	
Туре		Туре			
Limit	\$	Limit		\$	
Outstanding balance	\$	Outstand	ding balance	\$	
Туре		Туре			
Limit	\$	Limit		\$	
Outstanding balance	\$	Outstanding balance \$			
Туре					
Limit	\$				
Outstanding balance	\$	To help us consider your application,			
Туре			ease supply sup lows:	pporting information as	
Limit	\$	> Evidence of income from the l			
Outstanding balance	\$	}	months (Payslips or evidence on bank statement).		
Credit/store cards, hire p	urchases	>	•	oank statements from oths (full pages must be screen shots).	
Limit	\$	>	Copies of all credit card statements (if applicable) from the last 2 months		
Outstanding balance	\$	>			
Туре		>	Quotes or est	imates (if applicable).	
Limit	\$	>	Letters of refe	rral (if applicable).	
Outstanding balance	\$				
Туре					
Limit	\$				



\$

Outstanding balance

## **Household members**

Details of other people living in your home				y financially	
Full Name	Age	Relationship to you	dependent on you?		
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

## I solemnly and sincerely declare:

The information included in this application form and supporting documents is true and accurate.

- > I have not withheld any information that may be relevant to this application and/or the Trustee's approval of it.
- > I acknowledge that the Trustee may seek further information that it considers necessary to assess my application.

Signature of applicant:	Date:	/	/		
(Signature in digital form is acceptable as verification of the applicant's intent to sign the application.)					
Applications are to be submitted by email to nzcgt@publictrust.co.nz					

If you have any trouble completing the form or have any other queries, please contact us by phone on  $0800\ 371\ 471$  or email us at: nzcgt@publictrust.co.nz

