



Care-A-Bit Fund Application

Name of Applicant: _____
Home Address: _____
Phone #: _____
Employee #: _____ TRN #: _____
Credit Union Acct. #: _____

Date: _____

Income Information

Employed By: _____
Work Address: _____
How long: _____ Position: _____ Phone #: _____
Monthly/Weekly/Fortnightly Salary: \$ _____
Other Income: \$ _____

If spouse employed state:

Employed By: _____
Work Address: _____
How long: _____ Position: _____ Phone #: _____
Monthly/Weekly/Fortnightly Salary: \$ _____
Other Income: \$ _____

For Credit Union Use Only

Shares Balance: \$ _____
Deposit Balance: \$ _____
Loan Balance: \$ _____

Years of Membership: _____

Application Approved:
 Yes No

Approved By: _____
Treasurer/Manager

I desire consideration for the Care-A-Bit Fund for the purpose of: Illness Natural Disaster

If **illness**, what is the nature of the illness?

Can the illness be treated locally? Yes No

Cost of Treatment: \$ _____

Please submit proof of illness and proof of the cost of treatment.

If **Loss of Property**, what is the nature of the disaster? Fire Natural Disaster

Cost of repairing damages: \$ _____

Please submit proof of damage and proof of the cost of repairs.

If **Fire**, was the damage reported to the police? Yes No

If yes, please submit a copy of the police report.

Signature of Applicant: _____ **Signature of Witness:** _____

Please note that all payments are made to the relevant organization.