



# Claim for Family Assistance Program

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## When to use this form

Use this form to claim for Family Financial Assistance. You can lodge this claim at any time you and/or your partner may endure any financial hardship.

If you complete your claim for Family Financial Assistance and/or Uniform Assistance and you are eligible, your claim will be assessed faster by attaching all relevant documentation to this claim form.

Any claim may not be finalized until the application is processed and it has been approved by the Principal/Executive Team.

**Family Financial Assistance Program (FFAP)** – a singular intermittent entitlement for families who are enduring financial adversity. The FFAP is designed for Irfan College families that may need assistance with school fees.

**The FFA is not an ongoing assistance program** – it is to assist families who are enduring short-term financial difficulty. All families must fill in a new FFAP claim form if they wish to renew their FFAP claim on a yearly basis.

The FFAP entitlement does not provide financial assistance in the form of money and/or other payments to families – Irfan College is a non-profit Islamic College.

The assistance provided is from the limited Irfan College trust account, with the intention of families receiving either a discount or paying instalments back to the college.

## For more information

Go online at [www.irfancollege.nsw.edu.au](http://www.irfancollege.nsw.edu.au) or call us on (02) 9826 2885 or visit the college.

## Other documents

In most circumstances, you may need other documents to support your claim.

## Filling in this form

- Print in BLOCK letters
- Mark boxes like this  with a  or
- Please use a blue or black pen

## Returning the form

Check that you (and/or your partner) have answered all the questions you need to answer and that you (and/or your partner) have signed and dated this form.

You are required to return relevant documents (and your claim form) in person to the head office. We will sight and record your documents, which may include copying, and return the originals to you.

## Take note

The FFAP are not an ongoing financial assistance programs. Irfan College is private college which relies heavily on tuition fees to maintain its facilities and to ensure that all students are obtaining the best Islamic-enriched education possible.

All decisions made by Irfan College in respect of the approving Family Financial Assistance and/or Uniform Assistance Program are final, and no correspondence will be entertained.

## Financial Assistance Application Criteria

1. The College will offer a maximum of 1 year financial assistance or support. If further assistance is required a new application must be submitted one month in advance of assistance ending.
2. School will review assistance on a 6 monthly basis and may require further documentation during review.
3. The Financial Assistance Form must be completed and submitted to the College with all supporting documentation required.
4. After form has been submitted an interview will be scheduled with a delegated staff member.
5. After interview the application will be presented before an Executive Team.
6. The percentage of discount offered will depend on each individual case.
7. If circumstance change after application it is the responsibility of the applicant to inform school management without delay.

## You

1. **Your relationship to child(ren) you are claiming FFA**

- Mother     Father  
 Guardian     Relative (state relationship e.g. aunty etc)  
 Single parent

2. **Do you need an interpreter when dealing with the Family Assistance Office?**

- NO – Go to 5  
 Yes – Go to next Question

3. **What is your preferred spoken language?**

4. **What is your preferred written language?**

5. **Your Name**

Mr     Mrs     Ms     Miss     Other

Family name

First given name

Second given name

6. **Your Gender**

- Male  
 Female

7. **Your date of birth**

## Your Partner (if you have one)

1. **Your relationship with the child(ren) of the FFA**

2. **Do you need an interpreter when dealing with the Family Assistance Office?**

- NO – Go to 5  
 Yes – Go to next Question

3. **What is your preferred spoken language?**

4. **What is your preferred written language?**

5. **Your Name**

Mr     Mrs     Ms     Miss     Other

Family name

First given name

Second given name

6. **Your Gender**

- Male  
 Female

7. **Your date of birth**

## You

### 8. Your permanent address

Postcode

### 9. Your postal address (if different from above)

Postcode

### 10. Your contact details

Home phone number

Mobile Number

Work phone number

Email Address

@

### 11. What is your CURRENT marital status? (Choose 1 ONLY)

<b>Married</b>	Date of marriage	<input type="text"/>
	Date of divorce	<input type="text"/>
<b>Divorce</b>	Date of Partner's death	<input type="text"/>
		<input type="text"/>
<b>Widowed</b>		<input type="text"/>
<b>Other</b>		<input type="text"/>

## Your Partner (only if you have one)

### 8. Your permanent address

Postcode

### 9. Your postal address (if different from above)

Postcode

### 10. Your contact details

Home phone number

Mobile Number

Work phone number

Email Address

@

## You

12. Do you have any children currently enrolled at Irfan College?

- No – **Go to 14**
- Yes – *Go to next question*

13. Please list the child/ren details currently studying at Irfan College

<b>FULL NAME</b>	<b>YEAR LEVEL</b>
_____	_____
_____	_____
_____	_____
_____	_____

14. Do you have other dependent children NOT enrolled at Irfan College?

- No – *Go to next question*
- Yes – *How many?* \_\_\_\_\_ *children*

15. Do any of your children receive or has received any of the following payments or education allowances?

- No – **Go to question 19**
- Yes – *Next question*

16. Which following payment/s has/have you children received from Centrelink?

- Carer Payment
- Community Development Employment Project Participant
- Supplement (CDEP)
- Disability Support Pension
- Disability Support Pension (Blind)
- Parenting Payment
- Sickness Allowance
- Special Benefit
- Youth Allowance

17. How many of your children are entitled to Centrelink payments?

18. If so, how much money is collected fortnightly?

 \$ \_\_\_\_\_ /fortnight

19. Which of the following best describes where you live?

- In a home you (and/or your partner) own or you own jointly with another person, this can include paying it off (mortgage) – **Go to question 22**
- In public housing (e.g. housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation.)
- In a place where you (and/or your partner) pay private rent
- Other (e.g. this could be where you (and/or your partner) do not have a fixed address) – **Go to question 22**

20. How much do you (and your partner) pay rent?

 \$ \_\_\_\_\_ /month

21. Please provide the landlord's details

Name of Landlord: _____
Landlord address: _____
_____
Landlord Phone Number
(mobile): _____

22. Do you (and/or your partner) receive any payment(s) from Centrelink?

- No – **Go to question 24**
- Yes – *Next question*

23. Which following payments do you (and/or your partner) receive?

- Age pension
- Disability Pension
- Income Support Supplement
- Child support
- Other – If so, please name payment:

**STOP: PLEASE PROVIDE YOUR (AND YOUR PARTNER'S) CENTRELINK PAYMENT STATEMENT TO PROCEED**

24. Do you (and/or your partner) have a health care card and/or Pension Card?

No – Next Question

Yes – Date of Expiry  / /

**STOP: PLEASE PROVIDE YOUR (AND YOUR PARTNER'S) COPY OF HEALTH CARE AND/OR PENSION CARD**

25. Have you made a claim for Irfan College Family Financial Assistance and/or Uniform Assistance since 1<sup>st</sup> January 2010?

No – Next Question

Yes – Date of Claim:  / /

26. Are any of your children on a scholarship program?

No – Next Question

Yes – Please name your child/ren

FULL NAME	YEAR LEVEL
_____	_____
_____	_____
_____	_____
_____	_____

27. Give details of employer or self-employment

Your employment details or self-employment

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 \_\_\_\_\_

Your partner's employment details or self-employment

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_  
 \_\_\_\_\_

28. Are there any custody issues and/or intervention orders with ANY of your children enrolled at Irfan College?

No – Next Question

Yes – Please name your child/ren

FULL NAME	YEAR LEVEL
_____	_____
_____	_____
_____	_____
_____	_____

**29. Use the following table to calculate your adjusted taxable income for the financial year.**

Note: If you did not receive income from any of the following sources, please write \$0 in the boxes

	YOU	YOUR PARTNER
<b>A. Taxable income from salary and wages</b> <small>INCLUDE overtime and maternity payment(s), pay rises and bonuses. Remember to DEDUCT work related expenses from your gross income</small>	\$	\$
<b>B. Taxable income from lump sum payment(s)</b> <small>Include any maternity, termination and redundancy payments that you received</small>	\$	\$
<b>C. Taxable income from business or self-employment</b> <small>Include taxable income from sole-trading and distributions from partnerships, trusts and companies. You may need to refer to your profit and loss statements.</small>	\$	\$
<b>D. Taxable income from investments</b> <small>Include income from banks, credit unions, building societies, dividends from shares, income from managed investments. If you made a loss, make sure you subtract this from your total income.</small>	\$	\$
<b>E. Taxable income from real estate</b> <small>Include taxable income from all residential or commercial real estate for which you receive rent. This can include houses, a room in your house, units, pasture and boats. If you made a loss, make sure you subtract this from your total income.</small>	\$	\$
<b>F. Taxable income from government pensions, benefits or payments.</b> <small>You must include any amount you received from payments such as Newstart Allowance, Parental Leave Pay, Parenting Payment, Age Pension, Austudy, Disability Support Pension of Age Pension age or Disability Support Pension (Blind) of Age Pension age, Farm Help, Department of Veterans' Affairs payments, including taxable Defence Force Income Support Supplement, Special Benefit and the taxable components of ABSTUDY or Youth Allowance you receive for yourself</small>	\$	\$
<b>G. Other taxable income</b> <small>For example, superannuation withdrawals, scholarships, capital gains or foreign income on which you pay Australian tax</small>	\$ AUD	\$ AUD
<b>Total taxable income (total of A to G)</b>	<b>= \$</b>	<b>\$</b>

**STOP: YOU MUST ATTACH YOUR (AND YOUR PARTNER'S) FINANCIAL YEAR INCOME TAX ASSESSMENT TO PROCEED**

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Statement

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I declare that:

- the information provided in this form is complete and correct.
- I fully understand that the FFAP & UAP programs are not ongoing and will only assist my family for a short-term basis.

I understand that:

- giving false or misleading information may lead to the financial assistance claim being rejected.
- failure to attach the relevant documentations will result in an automatic rejection of application.
- Irfan College can make relevant enquiries to ensure I receive my correct entitlement.
- the decision made by Irfan College is final.

Your Signature

Date:     /     /

Your Partner's Signature

Date:     /     /





## Office Use Only

Date :

Family Key :

Financial Assistance History :

### Discount Criteria

100% discount	<ul style="list-style-type: none"> <li>Loss of income as a result of death or serious injury which incapacitates the abilities to undertake work for 12 months</li> <li>Children in government care/relative/guardian, whom do not have access to both parents</li> </ul>	
Discount (maximum 30%) Amount to be determined on each individual case	<ul style="list-style-type: none"> <li>Single parent on pension facing hardship</li> </ul>	
Smaller instalment amounts (total amount of fees must be paid by Direct Debit arrangement)	<ul style="list-style-type: none"> <li>Working single parent facing hardship</li> <li>Both parents on pension and living in one household facing hardship</li> </ul>	
Total amt owing:                      Amt for Direct Debit:                      Time Frame:		

Other circumstances :

Recommendation :

Resolution :

Approved by :

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Mr Ali Arabaci  
Principal

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Mr Ahmet Taslak  
Business Manager