



COMMUNITY SUPPORT APPLICATION FORM FUNERAL ASSISTANCE

Applicant Name / Contact		MCAC Member Y / N
Address		
Mobile Phone		
Email Address		
Deceased		MCAC Member Y / N

If the person requiring assistance is not an MCAC Member (child or relative) what is their relationship with MCAC or to an existing MCAC Member?

Assistance Request Details

Provide details of the request (**Max \$1,500**) (Funeral Director, assistance with funeral expenses, fuel voucher-max \$100 each way).

I/We are applying for: (specify the amount requested)

Description	Amount Requested	Required by	Documents Attached
	\$	/ /	Yes / No
	\$	/ /	Yes / No
Fuel Voucher	\$	Car Registration No	

I confirm I am a **Member of MCAC**. I/We meet the criteria for **Community Support** and have **attached the required information** as requested above. I declare the above details are true and correct and that I have not received funding from MCAC previously or any other source that has not been disclosed in this application. I acknowledge this Application is not a guarantee of payment.

Signed

Date

Applications should be lodged with the MCAC office or via email: admin@mutitjulu.com.au

Office use only

Date received	/ /	Board Meeting Date	/ /
Approved	Yes / No	Amount Approved	\$
Applicant Notified	Yes / No / /	Authorised by	
Payment or Purchase Order Processed	Yes / No	PO No.	