

Auckland Common Fund Ltd (ACFL)

Covid-19 Application for Assistance with 2020 Attendance Dues PRIVATE AND CONFIDENTIAL

Student's Name	Catholic School / College	Year Level

Other dependent children in family not attending Catholic Schools in the Auckland Diocese:

Name	Age	School / University	Year Level

Mother's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers: (H)

(W)

(M)

Father's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers: (H)

(W)

(M)

Weekly Household Income:

Please list separately all sources of income:

Mothers salary or wages:

Weekly Household Expenses:

Please list separately all expenses:

Rent / Mortgage repayments: *(please indicate)*

Father's salary or wages:

Hire Purchase or other loan repayments:

Weekly Benefit received:

Other weekly commitments and expenses:
(eg. Food, Power, Phone, Petrol etc)

Benefit type:

In work family allowance:

Other income:

Total Weekly Income:

Total Weekly Expenses:

- Please indicate how much you are currently paying towards each school's fees and how you make the payment.
ie: weekly automatic payment and amount or cash / internet banking direct to the school.

School	Amount	Frequency / Method

- Please provide proof of reduced income, work hours, redundancy or other relevant information to support this claim.
ie: Budgeters Report, Statement of Means, Medical Certificate etc, (Continue on a separate sheet if necessary.)
- Please explain the circumstances that contribute to this application for assistance:
(Continue on a separate sheet if necessary.)

Declaration:

I declare that the information provided on this application is true and correct. I agree to keep this application confidential and that the decision of the reviewer (Principal / Principals Representative / ACFL) regarding this application is final.

I understand that the Covid-19 Hardship Scheme can only assist with the 2020 Attendance Dues component of the school fees account and this application covers the current school year only.

I agree to put an automatic payment in place if requested to by my child's school / ACFL.

For the purposes of processing this application, the reviewer may provide information to the Principals of the Catholic Schools the students attend and the ACFL Revenue Manager.

Full Name:

Signature:

Date:

Please print and sign this form and return accompanying documents to one of the following:

The Principal of the school your child attends

or

The Revenue Manager
Auckland Common Fund Ltd
Private Bag 47-904
Ponsonby
Auckland 1144

Email: acfl@cda.org.nz

Office Use Only

Date Application Received:

Action taken: