



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 Centrepoin and their children. The Trust also assists organisations that provide services that meet the purposes of the Trust as well as providing Education Scholarships to individuals.

<https://www.publictrust.co.nz/grants/new-zealand-communities-growth-trust-n-z-c-g-t/rust>

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 Centrepoin & 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
- 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
- Budgeting support courses

What funding is available?

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?

- Payment of credit card debt
- Payment of debt collection agency bills
- Payment of hire purchase repayments relating to non-essential living expenses
- Holidays and/or travel to such
- Payment of fines and or infringement notices, car purchases, house deposits or purchases
- Assistance towards house repairs
- Orthodontic braces &
- Retrospective funding

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 6 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 nzcg@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.

How can I apply?

- ✓ Applications must be submitted by email by 4pm on the closing date (15th and 30th monthly).
- ✓ Any application received after the closing date will be considered in the next round.
- ✓ Outcome emails will be sent to each applicant once applications have been assessed soon after the 15th and 30th monthly. (Or the working day prior if this falls on a weekend or public holiday).
- ✓ Please note that, in December, applications will only be considered soon after the 15th of the month.

Fresh application forms: <https://www.publictrust.co.nz/grants/therapeutic-and-counselling-and-relief-of-poverty>





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 as a financial management and budgeting advice.

- **ALL APPLICATIONS MUST BE COMPLETED IN FULL, SIGNED AND DATED**
- **ALL SUPPORT DOCUMENTATION (AS DETAILED ON PAGE 5) MUST BE SUBMITTED WITH EACH APPLICATION.**
- **FAILURE TO PROVIDE THE REQUESTED SUPPORT DOCUMENTATION WILL RESULT IN A DELAY WITH THE OUTCOME BEING PROVIDED**

Applicant details

Title	<input type="text"/>	Occupation	<input type="text"/>
First names	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text"/>	Daytime phone	<input type="text"/>
Marital status	<input type="text"/>	After-hours phone	<input type="text"/>
Known by any other names	<input type="text"/>	Email	<input type="text"/>

Brief description of your background

I was a resident of Centrepont during the period of _____ to _____

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

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

This is my (tick the most suitable option below)

- ☐ First application to the Trust for assistance (First time applicants will need to explain by cover email how they been disadvantaged by a cult or spiritual community)
- ☐ Further application to the Trust for assistance

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total	<input type="text"/>
How much are you able to contribute? (It is expected that all applicants contribute an amount towards the request)	<input type="text"/>
How much are you applying for?	<input type="text"/>

Have other avenues of assistance been explored such as assistance from Work and Income, 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:

CLI00292655



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
Wages/salary (full-time or part-time)	\$	\$
Work and Income (eg: any benefit, pension, supplements or payments, etc.)	\$	\$
ACC payments	\$	\$
Self-employment income and drawings	\$	\$
IRD/ MSD (eg: Working For Families payments, entitlements)	\$	\$
Child support or maintenance received	\$	\$
Rent/board received	\$	\$
Interest, dividends or rental income	\$	\$
Any other income (Kiwisaver, private pension etc)	\$	\$
Total	\$	\$

Weekly expenses

Mortgage, rent or board payments	Household \$
Rates	\$
Minimum credit card payments	\$
Child support or maintenance paid	\$
HP or other loan payments	\$
Groceries	\$
Utilities (power, gas, internet, landline, mobile, pay TV etc.)	\$
Other household expenses	\$
Childcare, education fees	\$
Healthcare, e.g., doctor, dentist, vet	\$
Other personal/family expenses	\$
Home and contents insurance	\$
Car insurance	\$
Life, medical, disability insurance	\$
Transport (vehicle registration, WOF, fuel, public transport, parking)	\$
Other essential expenses (Please provide explanation)	\$
Total	\$



Assets

If you need more space, please include extra information with your application.

Vehicles (car, boat, caravan, trailers etc)

Make/model and year		\$
Make/model and year		\$
Make/model and year		\$

Bank accounts – NZ & international (cheque, savings, term deposits, credit cards, debit cards, prepaid cards with credit balances)

Bank name:		\$
Bank name:		\$
Bank name:		\$
Bank name:		\$

Other accounts - full statements may need to be provided. (credit union, building society etc)

--

Loans or money owed to you. Please provide person/company name of whoever owes you.

by		\$
by		\$
by		\$

Other asset held accounts. Full statements may need to be provided (eg: Kiwisaver, shares, bonds etc).

	\$
	\$

Do you or your spouse/ partner own any residential or commercial property?

Yes ☐ (Please detail below) No ☐

--

Property 1

Property address	
Estimated current value	\$
Current mortgage balance	\$
Equity (estimated current value less current mortgage balance)	\$

Property 2

Property address	
Estimated current value	\$
Current mortgage balance	\$
Equity (estimated current value less current mortgage balance)	\$

Property 3

Property address	
Estimated current value	\$
Current mortgage balance	\$
Equity (estimated current value less current mortgage balance)	\$

Business assets

\$

TOTAL ASSETS

\$



Liabilities

Loans (personal/mortgages)

Full statements may be required

Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>

Other debts Full statements may be required

Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>

To help us consider your application, please supply supporting information as follows:

- Evidence of income from the last 2 months (Payslips or evidence shown on bank statement).
- Copies of all bank statements from the last 2 months (full pages must be provided, not screen shots).
- Copies of all credit card Statements (if applicable) from the last 2 months.
- Medical reports (if applicable).
- Quotes or estimates (if applicable).
- Letters of referral (if applicable).

Credit/store cards, hire purchases	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>
Type	<input type="text"/>
Limit	\$ <input type="text"/>
Outstanding balance	\$ <input type="text"/>

Household members

Details of other people living in your home

Full Name	Age	Relationship to you	Are they financially dependent on you?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	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