



Working for ALL LARRAKIA

Larrakia Development Corporation
ACN: 099 471 495

The Trustee for the Larrakia Development Trust
ABN: 86 752 337 898

PO Box 37207 Winnellie NT 0820
Phone: 08) 89473455
Fax: 08) 8947 3544
Website: www.larrakia.com.au

**Larrakia Development Corporation
Larrakia Ichthys LNG Foundation Trust
Air Conditioner Supply & Installation Fund
Application Form**

APPLICANT DETAILS:

Full name of Applicant: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Family Group: _____

Larrakia Descent: Yes No (if 'no', you cannot apply for this fund)

(tick as applicable) Son Daughter

Of Recognised Larrakia person: _____

SUBMITTED BY:

Name: _____

(tick as applicable) Applicant On behalf of Applicant

Contact Number: _____

Contact Email: _____

Signature: _____

Date of Application: _____



Property address Air Conditioner is to be installed:

(tick as applicable)

Is this property:

Owned

by the **Applicant**

by the **Applicant's** Family Member

Rented

Government - leased by the **Applicant**

Government - leased by the **Applicant's** Family Member

Private - leased by the **Applicant**

Name of Real Estate Agent: _____

Lease Expiry Date: _____

Private - leased by the **Applicant's** Family Member

Name of Real Estate Agent: _____

Lease Expiry Date: _____

Other

Please specify living arrangement:

How will this application benefit the **Applicant's** living conditions and needs:

Intended use:

The air conditioning unit is a replacement installation

The air conditioning unit is a new installation

Applicant: _____



Documents to be submitted with Application:

Note* Applications will not be accepted without attached documentation.

(tick as applicable)

ALL Applicants:

- Photo ID
- Completed Application Form

Owned Property:

- Rates Notice

(Must be in the **Applicant's** name)

Leased Property:

- Confirmation letter of lease from your Landlord or Real Estate Agent
- Authority letter for LDC to contact your Landlord or Real Estate Agent regarding installation requirements

Applicants under 60 years of age receiving the Federal Government Disability Pension:

- Copy of Disability Pension Card

LDC OFFICE USE ONLY

Received By: _____

Date Received: _____

All Documents attached: YES NO

Still required:

Applicant Name:
Reference #

COMMENTS:

APPROVED / NOT APPROVED Signature: _____ Date: _____

Applicant: _____