**When to complete this form:**

Please complete this form if you are applying for discretionary financial assistance on the grounds of financial hardship. Please complete **all** sections of this form. If a question does not apply to you, write N/A.

If you have any questions about this form or you need help completing it, contact the Discretionary Payments Section on **1800 227 572 (free call except mobiles)** or [sfc@finance.gov.au](mailto:sfc@finance.gov.au)

**Where do I send this form?**

Discretionary Payments Section   
Risk, Insurance and Special Claims Branch  
Department of Finance  
1 Canberra Avenue  
FORREST ACT 2603

### Section 1: Personal details

1. Your title (please tick): Mr  Mrs  Ms  Miss  Other
2. Your surname (family name)

|  |
| --- |
|  |

1. Your given name(s)

|  |
| --- |
|  |

1. Date of birth

|  |
| --- |
|  |

1. Postal address

|  |  |  |
| --- | --- | --- |
|  | | |
|  | State: | Postcode: |

1. Contact details

|  |  |  |
| --- | --- | --- |
| Home phone: | Work phone: | Mobile phone: |
| Email address: | | |

1. Spouse/partner’s title (please tick): Mr  Mrs  Ms  Miss  Other         
   N/A  (please go to question 11)
2. Spouse/partner’s surname (family name)

|  |
| --- |
|  |

1. Spouse/partner’s given name(s)

|  |
| --- |
|  |

1. Spouse/partner’s date of birth

|  |
| --- |
|  |

1. List your children and other dependants.

*A dependant is generally a person to whom one contributes all or a major amount of necessary financial support*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name of dependant(s)** | **Date of birth** | **Relationship to you** | **Separate fortnightly income (e.g. Austudy)** | **Do they live with you?**  **Yes/No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Section 2: Employment details

1. Are you currently employed? *Please tick:*Yes  No

If ‘No’, how long have you been unemployed or retired?       years        months

1. What is/was your primary occupation?
2. What is/was your spouse/partner’s primary occupation?
3. Give further details of your current employment (include all casual and part-time employment).*If you are currently unemployed, go to question 17.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Employment status**  **(Permanent/**  **Part time/**  **Casual/Other)** | **Number of weekly hours worked** | **Employer’s name** | **Gross**  **(pre-tax) fortnightly income** | **Net (after tax) fortnightly income** |
| Job 1 |  |  |  |  | $ |
| Job 2 |  |  |  |  | $ |
| Job 3 |  |  |  |  | $ |

1. **Do you or your spouse/partner receive or expect to receive any other benefit from your employer?** For example, accommodation, motor vehicles, fuel, travel, or school fees. If so, please provide details.

## Section 3: Income and asset details

**Income summary**

*Please attach supporting documents such as a copy of a recent payslip or Centrelink statement. If a particular income is not relevant to you and/or your spouse/partner please enter “0” or “N/A”.*

1. What is your total fortnightly income?

|  |  |  |
| --- | --- | --- |
|  | **You** | **Spouse/partner** |
| Gross salary/wages | $ | $ |
| Overtime / Allowances | $ | $ |
| Income from rental property | $ | $ |
| Business/partnership income | $ | $ |
| Australian government pension/allowance/payment | $ | $ |
| Overseas government pension/allowance/payment | $ | $ |
| Superannuation income | $ | $ |
| Family tax benefit | $ | $ |
| Maintenance/child support received | $ | $ |
| Board and other contributions to household expenses | $ | $ |
| Commissions | $ | $ |
| Other regular income *(e.g. worker’s compensation, accident insurance) Please attach details* | $ | $ |
| **Total before tax** | $ | $ |
| **Total after tax** | $ | $ |

1. **Other annual income (not included in the fortnightly summary).** Please *include any other income that you or your spouse/partner or dependants receive as payment*.

|  |  |  |
| --- | --- | --- |
| Dividends and interest | $ | $ |
| Estate distributions (deceased estate, family trust etc) | $ | $ |
| Bonuses, directors fees, incentives | $ | $ |
| Other (please specify) | $ | $ |
| **Total** | $ | $ |

**Expenditure summary**

*Please note your expenditure may be verified. If a particular expenditure is not relevant to you and/or your spouse/partner please enter “0” or “N/A”.*

1. What is your fortnightly household expenditure?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please Tick*** | Mortgage | Rent | Board | $ |
| Food and household supplies | | | | $ |
| Household repairs/maintenance | | | | $ |
| Electricity/gas | | | | $ |
| Water/land rates | | | | $ |
| Telephone (landline) | | | | $ |
| Telephone (mobile) | | | | $ |
| Internet | | | | $ |
| Clothing | | | | $ |
| Motor vehicle registration and insurance | | | | $ |
| Motor vehicle repairs/maintenance/petrol and oil | | | | $ |
| Fares | | | | $ |
| School fees and other educational expenses | | | | $ |
| Household insurance | | | | $ |
| Health insurance | | | | $ |

|  |  |
| --- | --- |
| Life insurance | $ |
| Sickness/accident insurance | $ |
| Superannuation | $ |
| Medical/dental | $ |
| Child support/maintenance | $ |
| Child care | $ |
| Hire purchase payments | $ |
| Loan/credit card repayments (total) | $ |
| Entertainment | $ |
| Other (specify) | $ |
| **Total** | $ |

**Child support and family law**

1. Are you required to make child support payments? If yes, please provide details.

|  |  |
| --- | --- |
| Assessed amount: $ | Arrears amount (if applicable): $ |

**If you are providing financial support other than payments, please provide details.**

|  |
| --- |
|  |

1. Are you entitled to receive payments of child support? *If yes, please provide details.*

|  |  |
| --- | --- |
| Assessed amount: $ | Arrears amount (if applicable): $ |

**If you are providing financial support other than payments, please provide details.**

|  |
| --- |
|  |

**Commonwealth Government Benefits**

1. If you receive a Government pension, allowance or payment, please provide details (include benefits from overseas Governments).

|  |  |  |
| --- | --- | --- |
| Who makes the payment? (for example: Centrelink, DVA) | Name of payment (for example: Newstart Allowance, Family Tax Benefit, Disability Support Pension, etc) | Payment amount per fortnight |
|  |  | $ |
|  |  | $ |
|  |  | $ |

1. If your spouse/partner receives a Government pension, allowance or payment, please provide details (include benefits from overseas Governments).

|  |  |  |
| --- | --- | --- |
| Who makes the payment? (for example: Centrelink, DVA) | Name of payment (for example: Newstart Allowance, Family Tax Benefit, Disability Support Pension, etc) | Amount of payments per fortnight |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Asset summary**

1. **Do you or your spouse/partner own (or are you or your spouse/partner in the process of buying) any real estate?** *Please tick:* Yes  No

**If yes, please provide property details and, if applicable, mortgage details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Property address: | | | |
| Name of title holder(s): | | | |
| Date of purchase: | | | |
| Purchase price: $ | | Current market value: $ | |
| **Mortgage details** | First mortgage | | Second mortgage |
| Amount of loan: | $ | | $ |
| Current balance: | $ | | $ |
| Name of mortgagor: | | | |

1. **Do you or your spouse/partner own (or are you or your spouse/partner in the process of buying) any real estate for investment purposes?** *These may be properties (residential or commercial) for rental or lease arrangements.*

*Please tick:* Yes  No

**If yes, please provide property details and, if applicable, mortgage details.**

|  |  |  |  |
| --- | --- | --- | --- |
| Property address: | | | |
| Name of title holder(s): | | | |
| Date of purchase: | | | |
| Purchase price: $ | | Current market value: $ | |
| **Mortgage details** | First mortgage | | Second mortgage |
| Amount of loan | $ | | $ |
| Current balance | $ | | $ |
| Name of mortgagor: | | | |

If more than one investment property is owned, please attach similar details of any further investment properties.

1. **Please provide details of money held in superannuation funds.**

|  |  |
| --- | --- |
| Superannuation fund | Amount |
|  | $ |
|  | $ |
|  | $ |

1. Please provide details of all motor vehicles or vessels owned by you or your spouse/partner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vehicle details** | Motor vehicle/ cycle 1 | Motor vehicle/ cycle 2 | Caravan | Boat |
| Owner |  |  |  |  |
| Make/Model & year |  |  |  |  |
| Market value | $ | $ | $ | $ |
| Amount owed | $ | $ | $ | $ |

1. Please provide a total value of all furniture and household effects owned by you and your spouse/partner.

**Bank accounts**

*Please attach supporting documents such as copies of the most recent statements of account.*

1. **Please provide all financial details relating to you, your spouse/partner and dependants.** This information may include any bank/credit society accounts, investments, term deposits or money held in trust.

|  |  |  |
| --- | --- | --- |
| Institution | Account holder | Balance |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

1. **Does anyone owe you or your spouse/partner money?** *If so, please provide details.*

|  |  |  |  |
| --- | --- | --- | --- |
| Debtor’s name | Amount | Reason | Payment due date |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |

1. **Do you or your spouse/partner have any other assets, not mentioned so far, e.g. antiques, jewellery?** *If so, please provide details.*

|  |  |
| --- | --- |
| Description of asset(s) | Market value |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**Other borrowings**

1. **Do you or your spouse/partner have any personal loans or do you owe money to any other people or institutions?** *If so, please provide details.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lender | Amount | Date of loan | Purpose | Balance owing | Actual fortnightly payment |
|  | $ |  |  | $ | $ |
|  | $ |  |  | $ | $ |
|  | $ |  |  | $ | $ |
|  | $ |  |  | $ | $ |

1. **Do you or your spouse/partner have any credit cards, store cards or charge cards?** *If so, please provide details.*

|  |  |  |  |
| --- | --- | --- | --- |
| Card holder | Card type | Balance owing | Actual fortnightly payment |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

1. **Do you or your spouse/partner have any other debts?** *If so, please provide details.*

1. **Have you or your spouse/partner sold or disposed of any real estate, property or other assets, during the period(s) your outstanding debt(s) arose?** *If so, please provide details.*

1. **Have legal proceedings been taken against you for any debt, have you been bankrupt or have you had a trustee placed over your estate?** *If so, please provide details, including dates and reference numbers.*

1. **Have you tried to pay this debt by instalments or tried to obtain a loan to pay the liability?**

## Section 4: Declaration

1. I declare that the information provided in this form is complete and correct. I understand that in investigating my request for discretionary financial assistance, the Department of Finance (Finance) may make relevant enquiries and share information with other non-corporate Commonwealth entities (NCEs) and those NCEs may provide information to Finance.

**Signature: ......................................................................................................... Date:**