**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

**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:**