



Australian Government

Department of Veterans' Affairs

Claim for Income Support Supplement

Part A - Eligibility

Claimant	Family name	Given name(s)	Date of birth	File number (if known)
	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Partner	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Are dependent children included in this claim? No <input type="checkbox"/> Yes <input type="checkbox"/>				

Two part claim This is **Part A** of a two part claim form. To avoid delays in processing your claim, please ensure both **Part A** and **Part B** are lodged together.

This form asks about

- your **personal** details, your **partner** and **dependants**
- your **residence in Australia**
- your **living arrangements**
- your **tax** details.

Completing this form

Please **tick** the appropriate boxes.
Please use **black** or **blue pen**.
If you are asked to provide copies of documents, you must provide **certified copies** (see 'Who can certify copies of documents' in the booklet *About Claiming Income Support Supplement*), or **original** documents can be sighted and verified by a DVA officer.

Booklet

With this form you should have received the booklet **About Claiming Income Support Supplement** which contains further information. If you don't have this booklet, contact your nearest DVA or VAN office.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

OFFICE USE – to be completed when forms are issued		
Informal claim received	<input type="text"/> / <input type="text"/> / <input type="text"/>	Comments – Issuing Office <input type="text"/> <input type="text"/> <input type="text"/>
This claim needs to be returned by	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Claim issued by Officer	<input type="text"/>	

SECTION A

Pension Bonus details

1 Are you a registered member of the Pension Bonus Scheme?

This question must be answered because once you receive ISS after turning *qualifying age*, you cannot ever receive the Pension Bonus.

No ▶ Go to question **2**

Yes ▶ You **MUST** claim the Pension Bonus when you apply for income support supplement.

Give details of your registration:

Pension Bonus File Number

Where did you register? DVA Centrelink Both

When did you register? / /



Complete and attach the **Claim for Pension Bonus** form (D559).

Go to question **3**

SECTION B

Claimant details

2 Your full name

Title Mr Mrs Miss Ms Other

Family name

Given name(s)

3 Have you ever used or been known by other names?

e.g. name at birth, maiden name, previous married name.

No

Yes ▶ List the other names

Type of name (e.g. maiden name)

4 Sex

Male Female

5 Date of birth

/ /

6 Home address

(the address where you live)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

7 Postal address

(if same as home address, write 'AS ABOVE')

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

8 Your contact details

Home telephone number ()

Mobile telephone number

Fax number ()

Work telephone number ()

Alternative telephone number ()

9 Do you receive a DVA disability pension or war widow's or war widower's pension?

No

Yes ▶ Type of payment

10 Do you receive or are you claiming compensation under the *Military Rehabilitation and Compensation Act 2004 (MRCA)*?

No

Yes ▶ Type of payment

11 Do you currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink?

No

Yes ▶ What is the reference number on the card?

12 Are you receiving (or applying for) a payment from Centrelink?

This includes for example, age pension, disability support pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No

Yes ▶ Type of payment

Amount you receive per fortnight \$

Customer Reference Number (CRN)

Date of application/grant / /

Regional Office

13 Are you receiving Defence Force Income Support Allowance (DFISA)?

No

Yes

14 Give details of the deceased Veteran who was your partner

Name of deceased Veteran

Date of death of Veteran / /

Deceased Veteran's file number (if known)

15 Are you currently married or in a de facto relationship?


No ▶ Go to question **27**

Yes ▶ Give details of your current relationship status:

Married and currently living together ▶ Date of marriage

In a de facto relationship and currently living together ▶ Date commenced living together

Separated ▶ Date of separation

 Complete and attach the **Separation from Partner form (D513)**.

Unable to live together because of ill health or infirmity ▶ Period unable to live together

From

To

OR
indefinite

SECTION C

Details of current partner

16 Your current partner's full name

Title Mr Mrs Miss Ms Other

Family name

Given name(s)

17 Has your partner ever used or been known by other names?

e.g. name at birth, maiden name, previous married name.

No

Yes ▶ List the other names

Type of name (e.g. maiden name)

18 Partner's sex

Male Female

19 Partner's date of birth

20 Partner's home address

(if different to claimant's home address)

21 Is your partner receiving (or applying for) service pension, income support supplement or disability pension from DVA?

No

Yes ▶ Type of payment

22 Is your partner receiving or claiming compensation under the Military Rehabilitation and Compensation Act 2004 (MRCA)?

No

Yes ▶ Type of payment

23 Is your partner a registered member of the Pension Bonus Scheme?

No

Yes ▶ Partner's Pension Bonus File Number

Where did your partner register? DVA Centrelink Both

24 Does your partner currently hold a Commonwealth Seniors Health Card (CSHC) from Centrelink?

No

Yes ▶ What is the reference number on the card?

25 Is your partner receiving (or applying for) a payment from Centrelink?

This includes for example, age pension, disability support pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No

Yes ▶ Type of payment

Amount received per fortnight \$

Customer Reference Number (CRN)

Date of application/grant

Regional Office

26 Does your partner receive the Defence Force Income Support Allowance (DFISA)?

No

Yes

This page is intentionally blank.

SECTION D

Dependent children

27 Do you (and/or your partner) have any dependent children under 16 years of age?

This means that you are legally responsible for the day-to-day care, welfare and development of a child who is in your care or wholly or substantially in your care.

No ▶ Go to the next question

Yes ▶ Give details

1	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school? Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income \$ <input style="width: 100px;" type="text"/>
2	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school? Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income \$ <input style="width: 100px;" type="text"/>
3	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Is the child at school? Yes <input type="checkbox"/> No <input type="checkbox"/> ▶ Gross fortnightly income \$ <input style="width: 100px;" type="text"/>
Please attach a certified copy of the birth certificate/extract for each child.	

28 Do you (and/or your partner) have any dependent children aged 16-22 years of age who are in full-time education?

No ▶ Go to question **29**

Yes ▶ Give details

1	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input style="width: 100px;" type="text"/> Amount of payment \$ <input style="width: 100px;" type="text"/>
	Other gross fortnightly income \$ <input style="width: 100px;" type="text"/>
2	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input style="width: 100px;" type="text"/> Amount of payment \$ <input style="width: 100px;" type="text"/>
	Other gross fortnightly income \$ <input style="width: 100px;" type="text"/>
3	Child's full name <input style="width: 95%;" type="text"/>
	Date of birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
	Does the child receive any government payments? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Type of payment <input style="width: 100px;" type="text"/> Amount of payment \$ <input style="width: 100px;" type="text"/>
	Other gross fortnightly income \$ <input style="width: 100px;" type="text"/>
Please attach a certified copy of the birth certificate/extract for each child.	

SECTION E**Residence in Australia****29 Are you:**An Australian citizen The holder of a permanent visa The holder of a special purpose visa The holder of a special category visa 

If you are the holder of a permanent visa, special purpose visa or special category visa, attach a copy of documents that show that you are legally allowed to remain in Australia – for example, passport showing your visa.

30 Are you living permanently in Australia?No Yes **31 Were you born in Australia?**No ► Country of birth When did you first arrive in Australia? / / How long have you lived in Australia? years monthsYes ► Have you ever lived overseas?No ► Go to question **33**Yes ► Go to question **32****32 Have you moved to or returned to live in Australia in the last 12 months?**No Yes

SECTION F**Living arrangements**

33 Which of the following best describes where you live?

In a home you (and/or your partner) own

This includes paying it off (mortgage).

▶ Go to question **41**
on page 12

**In a home you (and/or your partner) own jointly
with another person or organisation**

▶ Go to question **41**
on page 12

In a retirement village or independent living unit

▶ Go to question **34**
on the next page

**Residential aged care home (nursing home or hostel)
which provides nursing care**

▶ Go to question **35**
on the next page

**In a hospital or home for people
with disabilities**

▶ Go to question **36**
on the next page

**In accommodation which you have the right
to use free for life**

Such as a granny flat.

▶ Go to question **37**
on the next page

**In private rental accommodation, caravan park
or moored craft**

▶ Go to question **38**
on page 11

In public housing

Such as government subsidised, Housing Trust etc.

▶ Go to question **38**
on page 11

In a relocatable home

Such as a home situated in a village or caravan
park where you are paying site fees

▶ Go to question **38**
on page 11

In a place where you pay private board and lodging

▶ Go to question **39**
on page 11

In free accommodation

Such as living with relatives

▶ Go to question **40**
on page 11

In a home owned by a private trust

▶ Go to question **41**
on page 12

In a home owned by a private company


▶ Go to question **41**
on page 12

Other—please describe

▶ Go to question **41**
on page 12


Retirement village or independent living unit

34 Give details about your accommodation in the retirement village

- ▶ On what date did you move into this accommodation? / /
- ▶ Did you pay an entry contribution? No Yes ▶ How much? \$
- ▶ How much do you pay on-going for your accommodation? Amount \$ per
Date you started paying / /
Does this include a component for meals? No Yes
- ▶  Please attach a certified copy of the entry agreement.
- ▶ Go to question **41** on page 12


Residential aged care home (nursing home or hostel) which provides nursing care

35 Give details about your accommodation in the nursing home or hostel

- ▶ What is the name of the nursing home or hostel?
- ▶ Did/do you pay an accommodation bond or charge? No Yes ▶  Please attach a certified copy of the Accommodation Bond or the Accommodation Charge Agreement. Ensure bond or charge amount is shown.
- ▶ How much do you pay on-going for your accommodation? Amount \$ per
Date you started paying / /
- ▶ Go to question **41** on page 12

Hospital or home for people with disabilities

36 Give details about your accommodation in the hospital or home

- ▶ On what date did you move into this accommodation? / /
- ▶  Please attach a certified copy of the accommodation agreement or other relevant documentation.
- ▶ Go to question **41** on page 12

Life interest

37 Did you pay a sum of money or transfer any assets to another person or organisation in return for this accommodation for life?

- No ▶ Go to question **41** on page 12
- Yes ▶

Name and address of person or organisation	<input type="text"/> <input type="text"/> <input type="text"/>
	POSTCODE <input type="text"/>
Date paid/transferred	<input type="text"/> / <input type="text"/> / <input type="text"/>
Amount paid	\$ <input type="text"/>
	OR
What assets were transferred	<input type="text"/> <input type="text"/>
Market value of assets transferred	\$ <input type="text"/>
Go to question 41 on page 12	

Private rent, public housing, caravan park, moored craft

38 Give details

Public housing renters are not eligible for rent assistance

▶ Type of payment: Public housing ▶ Go to question **41** on the next page

Private rent


Caravan park site fees

Relocatable home park site fees

Mooring fees

▶ How much do you pay? \$ per

▶ Who do you pay it to? (name and contact details)

▶  Please attach a certified copy of your **latest lease or tenancy agreement**. If you don't have one, then attach a certified copy of the **latest rent receipt**. Make sure the name and address of the person to whom you pay rent is written on the receipt.

▶ Go to question **41** on the next page


Private board and lodging

39 Give details of your board and lodging

▶ Amount paid for meals \$ per

▶ Amount paid for lodging \$ per

▶ Who do you pay it to? (name and contact details)

▶  Please attach a copy of your **latest lease or tenancy agreement**. If you don't have one, then attach a certified copy of the **latest receipt**. Make sure the name and address of the person to whom you pay board and lodging is written on the receipt copy or on an attachment.

▶ Go to question **41** on the next page

Free accommodation

40 Give details of the provider of the free accommodation

▶ Name

▶ Relationship to you

▶ Address
 POSTCODE

▶ On what date did you move into this accommodation? / /

▶ Go to question **41** on the next page

SECTION G

Invalidity details

41 Are you blind or visually impaired (ie regarded as permanently blind in both eyes)?

No ▶ Go to question **42**

Yes ▶



Attach a report from an ophthalmologist giving details of the degree of visual impairment.

The income and assets tests do not apply to you and you do not have to complete Part B – Income and Assets, except as follows:

▶ If you are in an **aged care facility**, complete *Part B – Income and Assets*. This is needed to assess your aged care fees.

42 Are you applying for income support supplement on the basis of invalidity?

Note: Invalidity ISS paid to a person who is under pension age is non-taxable income. It may be to your advantage to apply on this basis if you are under pension age.

No ▶ Go to question **43**

Yes ▶ Invalidity (Blind) ▶ Your report from Question 46 will be used to assess your eligibility for Invalidity ISS

Invalidity (Other) ▶



Complete **Medical and Work Details** form (**D571**)

SECTION H

Compensation and NEIS payments

43 Are you receiving or claiming compensation?

No

Yes ▶



Please complete and attach a **Compensation** form (**D541**) for each injury, illness or accident.

44 Are you receiving payments under the New Enterprise Incentive Scheme (NEIS)?

No

Yes ▶



Please attach a certified copy of a letter or other document which shows the reference number and details of the payment.

SECTION I

Representative

45 Do you want a representative to act on your behalf?

No ▶ Go to question **46** on the next page

Yes ▶ Give details:

For this claim only ▶

If you want a representative to act on your behalf **for this claim only**, give their contact details

Their name

Address

POSTCODE

Phone number (office hours)

For all future dealings with DVA ▶



If someone has Power of Attorney over your affairs, please attach a **certified copy of the relevant documentation**.

If a trustee is to be appointed, the **Application for appointment of trustee** form (**D2505**) must be completed and attached.

If you wish to appoint an agent, please complete and attach the **Application for appointment of agent** form (**D2693**).

If you do not have a form you require, contact DVA.

Tax File Numbers

To help ensure that pensions are only paid to eligible persons, we compare our records with those of other government agencies. Your Tax File Number is used for this purpose.

All matching programs are monitored by the Privacy Commissioner who ensures that they are conducted in accordance with the *Data-matching Program (Assistance and Tax) Act 1990* and Guidelines.

Access to your Tax File Number is restricted. If you lose or forget your number, you will need to contact the Australian Taxation Office (ATO).

For more information about tax and your pension, contact your nearest ATO or DVA.

Once we have recorded your Tax File Number, this portion of the page will be removed and destroyed to ensure that your Tax File Number remains confidential.

46 What is your Tax File Number?

Fill in **ONE** of **A** or **B**

A _____ My Tax File Number is 

B I do not have or do not know my Tax File Number
 (DVA can help you get your Tax File Number from the Australian Taxation Office – you must complete a *Tax file number application or enquiry* form NAT 1432)

Your Tax File Number

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PLEASE DO NOT DETACH

This page is intentionally blank.

You must attach documents as evidence of your answers to some of the questions.

You must provide **certified copies** (see 'Who can certify copies of documents' in the booklet *About Claiming Income Support Supplement*), or **original** documents can be sighted and verified by a DVA officer.

If any of your documents are in a language other than English, you must also provide translations into **English** by an accredited translator.

You may have already selected some of these documents for your proof of identity.

If you do not have a form that you need, contact your nearest DVA or VAN office.

Use this checklist to make sure you have attached all the relevant documents.

-
- Question **1** If claiming Pension Bonus— the ***Claim for Pension Bonus*** form (**D559**)
-
- 15** If you are separated— the ***Separation from Partner*** form (**D513**)
-
- 27** A copy of the birth certificate/extract for each dependent child
- 28** A copy of the birth certificate/extract for each dependent child
-
- 29** If you are the holder of a permanent visa or a special purpose visa, a copy of documents that show that you are legally allowed to remain in Australia
-
- 34** A copy of the entry agreement
- 35** A copy of the Accommodation Bond or the Accommodation Charge Agreement
- 36** A copy of the accommodation agreement or other relevant documentation
- 38** A copy of your latest lease or tenancy agreement or the latest receipt
- 39** A copy of your latest lease or tenancy agreement or the latest receipt
-
- 41** If you are regarded as permanently blind in both eyes, attach a report from an ophthalmologist giving details of the degree of visual impairment.
- 42** If applying on the basis of Invalidity (Other), the ***Medical and Work Details*** form (**D571**)
- 43** If receiving or claiming compensation, attach a ***Compensation*** form (**D541**) for each injury, illness or accident
- 44** If receiving NEIS, a copy of a letter or other document showing details
-
- 45** If you would like to specify a person to act on your behalf when dealing with DVA in the future — documentation appointing a Power of Attorney, the ***Application for appointment of trustee*** form (**D2505**), or the ***Application for appointment of agent*** form (**D2693**)
-

SECTION L

Statement

Before you sign this statement, you should read the information about privacy in the booklet *About Claiming Income Support Supplement* in the section 'About the information you give'.

Statement

I declare that the information I have given is correct.

I understand that there are penalties for deliberately giving false or misleading information.

I authorise Australian Government Departments or agencies (including Centrelink and the Australian Tax Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for income support supplement.

YOUR SIGNATURE



Date

/ /

SECTION M

What to do now

You must complete and attach **Part B – Income and Assets (D648)**.

If you and your partner choose to provide income and assets details **separately**, you will need **two copies** of *Part B – Income and Assets*.

If you need copies of *Part B – Income and Assets*, contact your nearest DVA or VAN office.

If you are applying as a person who is blind or visually impaired

Check question **41** on page 12 to see if you need to complete **Part B – Income and Assets**.