



Australian Government

Department of Veterans' Affairs

Statement of Financial Circumstances

Please

- Read this form carefully before you start to fill it in.
- Answer all questions using ink or ballpoint pen. Where the question is not applicable please write n/a.
- Use BLOCK letters for your answers.
- If you need more space, attach a separate signed sheet, giving the required information.
- Be prepared to provide documentary evidence.

Completing this form

This form should be completed and returned to:

by

If you require help or further information, please contact

on

In case pages of this form become separated, please place your name on top of each page

To be completed in respect of

DVA File Number (if known)

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](#)

About you

1 **Surname**

2 **Given name(s)**

3 **Residential address**

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

4 **Postal address**
(if same as residential address, write 'AS ABOVE')

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

5 **Date of birth**

6 **Telephone number** Home

Can we contact you on this number during business hours?

No Yes

Work

Can we contact you on this number during business hours?

No Yes

7 **Occupation**

8 **Are you self-employed?** No **Employer's name**

Yes **Name of business**

Business address

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

Business telephone number

About your partner

9 Partner's surname

10 Partner's given name(s)

11 Partner's date of birth

12 Partner's occupation

13 Is partner self-employed?

No ▶ Employer's name

Yes ▶ Name of business

Business address

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

Business telephone number

Your dependants

14 Name of children or other dependants

Name of children or other dependants

Age

Name of children or other dependants	Age
<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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Income details for yourself (and/or your partner)

15 What is your gross income per fortnight from your employment (including overtime, commission, bonuses and self-employment)?

\$ per fortnight

Is this income representative of income over the last 3 to 12 months?

No Yes

16 What is your partner's gross income per fortnight from employment (including overtime, commission, bonuses and self-employment)?

\$ per fortnight

Is this income representative of income over the last 3 to 12 months?

No Yes

17 Are there any deductions from wages or salary (including tax or other deductions)?

No Yes ▶ Please provide details

	Description	Self/partner	Amount per fortnight
Union dues - name of union	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Name of health/medical fund	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Name of health/medical fund	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Superannuation fund	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Tax amount	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Salary sacrifice	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Other	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

18 Do you (and/or your partner) or dependants receive any pension, grant or allowance (including ALL payments from Centrelink, the Department of Veterans' Affairs, compensation payments you are receiving, superannuation payments or annuities, gratuities, income streams (account-based or allocated pensions), estate income, and any payments from overseas authorities)?

No Yes ▶ Please provide details

	Description	Paid by	Amount per fortnight
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

19 Do you (and/or your partner) or dependants receive any other income (e.g. Child Support, rent paid to you, bank interest or interest or dividends from investments or shares, gratuities, trust distributions, director fees etc.)?

No Yes ▶ Please provide details

Description	Paid by	Recipient (e.g. Self/partner)	Amount per fortnight
			\$
			\$
			\$
			\$

Assets details for yourself (and/or your partner)

20 Do you (and/or your partner) have any money in bank, credit union or building society accounts?

No Yes ▶ Please provide details

Name of institution	Name(s) in which account is held	Account number or term deposit number	Type of account	Current balance
				\$
				\$
				\$
				\$

21 Do you (and/or your partner) have any money invested in stock, bonds, certificates of deposit etc.?

No Yes ▶ Please provide details

Money invested with	Certificate or series Number	Invested in name(s) of	Current balance
			\$
			\$
			\$
			\$

22 Do you (and/or your partner) have any cash holdings?

No

Yes ▶ Amount owned by you

\$

Amount owned by your partner

\$

23 Is there any money owed to you (and/or your partner) (e.g. tax refund, insurance payment, payment for goods, an outstanding loan, or Child Support)? No Yes ▶ Please provide details

Expected pay date	Name of person who owes you money	Address of person who owes you money	Amount
/ /		Postcode	\$
/ /		Postcode	\$
/ /		Postcode	\$
/ /		Postcode	\$

24 Do you (and/or your partner) have any outstanding compensation claims? No Yes ▶ Please provide details

Expected pay date	Claim reference No. (if known)	Insurance Co./Employer involved	Amount
/ /			\$
/ /			\$

25 Do you (and/or your partner) have any money held in ordinary shares, preference shares, or other securities in public or private companies? No Yes ▶ Please provide details

Name of Company	Type of security	Number of shares, notes or options	Amount
			\$
			\$
			\$
			\$

26 Do you (and/or your partner) have any money held in managed investments? No Yes ▶ Please provide details

Name of Company	Investment Title	Number of units (if applicable)	Amount
			\$
			\$
			\$
			\$

27 Do you (and/or your partner) have any houses, farms, hobby farms or other real estate in Australia or overseas, including any land larger than 2 hectares (5 acres)? No Yes ▶ Please provide details

Address of property	Owner (e.g. self/partner or both)	Current value
..... Postcode		\$
..... Postcode		\$
..... Postcode		\$
..... Postcode		\$

28 Do you (and/or your partner) own any items of property (e.g. car, boat, caravan etc.)? No Yes ▶ Please provide details

Description	Owner (e.g. self/partner or both)	Current value
Property		\$
Vehicle (make, year)		\$
Other assets		\$
		\$

29 Do you (and/or your partner) have any other assets which you have not already told us about? No Yes ▶ Please provide details

Description	Owner (e.g. self/partner or both)	Current value
		\$
		\$
		\$
		\$

Expense and debt details for yourself (and/or your partner)

30 Do you (and/or your partner) share accommodation and expenses with any persons not previously listed? No Yes ▶ How many persons?

31 Please give details of living expenses for yourself (and/or your partner) FORTNIGHTLY
 Health/medical insurance Paid to
 \$

FORTNIGHTLY
continued

*Petrol/car
maintenance*

Paid to

\$

Fares

Paid to

\$

Food

Paid to

\$

Child care

Paid to

\$

QUARTERLY

Electricity

Paid to

\$

Gas

Paid to

\$

Telephone

Paid to

\$

YEARLY

Car registration

Paid to

\$

Car insurance

Paid to

\$

Council rates

Paid to

\$

Water rates

Paid to

\$

Education

Paid to

\$

Clothing

Paid to

\$

Home insurance

Paid to

\$

Contents insurance

Paid to

\$

*Property
maintenance*

Paid to

\$

Life insurance

Paid to

\$

Total tax paid

Paid to

\$

Other

Paid to

\$

32 Do you (and/or your partner) have any mortgage or other repayments?

No Yes ▶ Please provide details

Owed to

1.	2.	3.

Reason for loan

1.	2.	3.

Date loan commenced

1. / /	2. / /	3. / /
--------	--------	--------

Amount per fortnight

1. \$	2. \$	3. \$
-------	-------	-------

Amount owing

1. \$	2. \$	3. \$
-------	-------	-------

Date loan to be finalised

1. / /	2. / /	3. / /
--------	--------	--------

33 Do you (and/or your partner) have any outstanding bills (e.g. credit card, store accounts)?

No Yes ▶ Please provide details

Description	Total amount owing	Minimum monthly payment	Last amount paid	Date paid
	\$	\$	\$	/ /
	\$	\$	\$	/ /
	\$	\$	\$	/ /
	\$	\$	\$	/ /

34 Do you (and/or your partner) have any other expenses which require you to make regular payments (e.g. Child Support, fines)?

No Yes ▶ Please provide details

Description	Date commenced payment	Amount per fortnight	Date to be finalised
	/ /	\$	/ /
	/ /	\$	/ /
	/ /	\$	/ /
	/ /	\$	/ /

35 Do you (and/or your partner) pay rent, board/lodging or aged care fees?

No Yes ▶ Please provide details

Amount paid per fortnight

\$

Amount of any additional periodic expenses

\$

Period involved

/ / to / /

Landlord's name

Landlord's address

POSTCODE

Is this a Housing Authority residence?

No Yes

36 Is there anything else you think should be taken into account in assessing your ability to repay this debt?

37 How much do you consider you can afford to pay each fortnight?

YOU

\$

YOUR PARTNER

\$

Declaration

Statement

I declare that the information I have given is correct.

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

YOUR SIGNATURE



Date

/ /

YOUR PARTNER'S SIGNATURE (if partner's details have been included)



Date

/ /