



APPLICATION BY AN INDIVIDUAL FOR FEE WAIVER
(Administrative Appeals Tribunal Regulation 1976)

DATE FILED: _____

A. PERSONAL DETAILS

1. Full name:

2. Street Address: see note below

and/or _____ Suburb: _____ Postcode: _____
Postal Address

Suburb: _____ Postcode: _____

3. Occupation:

4. Name of Employer (if applicable)

5. Work Address (if applicable)

6. Day time contact number: Home: _____ Mobile: _____

Facsimile: Work: _____

Email address:

Items marked in **bold** must be completed

Note: You need not disclose your residential/personal address if you are concerned that doing so may compromise your safety. You may include an address that, if documents are sent to that address, you will be made aware that documents have been received and be able to retrieve them.

STATEMENT OF FINANCIAL POSITION – INDIVIDUAL

In support of Application Waiver of Fee

(Administrative Appeals Tribunal Regulations 1976)

This form is to be completed and attached to the application by an individual for a fee waiver on the basis of financial hardship.

WARNING

Under the Criminal Code, any person who knowingly makes an untrue representation or statement to obtain a benefit or advantage from the Commonwealth is guilty of an offence and, if found guilty, can be fined or imprisoned.

A. DETAILS OF INCOME

1. The details of my and my dependants' (if any) income (including government pensions, benefits and allowances, workers' compensation, superannuation, rent, board, interest, dividends), calculated fortnightly, are as follows *[if no other income, write "nil" below]*:
[Generally, dependants are persons who rely on you or on whom you rely for financial support and included spouse, de facto partner and children]

Nature of Income	My amount	My dependants' amount
Fortnightly pay (after tax)	\$	
Government pension, benefit or allowance (please specify)	\$	
Workers' compensation	\$	
Superannuation received	\$	
Interest on deposits/debentures	\$	
Child support, spousal and child maintenance	\$	
Other income (eg rent or board paid to you, share dividends)	\$	
TOTAL	\$	

Please note you may be asked to provide documentary evidence to support your claim.

2. The full name of each of my dependants is:

Full Name	Relationship to me

3. I receive financial support or a financial contribution from family and others, calculated fortnightly, as follows *[if no financial support or contribution write "nil" below]*:

Name of person providing support	Nature of support	Value in \$ per fortnight
		\$
		\$
TOTAL		\$

B. PROPERTY AND ASSETS

["Property and assets" include land, houses, money in bank accounts and other investments, cars, boats, shares, moneys owed to you, interests in a deceased estate, interests in a trust. If any property or asset is owned jointly with someone other than a dependant, give the name of the other owner.]

4. My property and assets (other than bank accounts) are as follows *[if no assets write "nil" below]*:

		My details (my share/interest)	My dependents' amount
1. Liquid Assets (other than bank accounts)			
Cash (not in a bank account)		\$	
Other investments (eg shares, debentures, bonds)		\$	
Money owed to you		\$	
Sub total - liquid assets		\$	
2. Non-liquid Assets			
House / Land			
- Market value	\$		
- Amount of Mortgage	\$		
- Net value		\$	
Motor Vehicle			
- Market value	\$		
- Amount owing on vehicle	\$		
- Net value		\$	
Value of household furniture and electrical goods		\$	
Other assets		\$	
Interest in a trust, business or partnership		\$	
Sub total – non-liquid assets		\$	
TOTAL of property and assets		\$	

5. Money in bank, credit union, building society accounts and other financial institutions in my name or that of my dependants'

Account Name	Name of Bank	Amount in account
		\$
		\$
		\$
	TOTAL	\$

Please note you may be asked to provide documentary evidence to support your claim.

C. EXPENSES

6. My day-to-day living expenses (including living expenses of my dependants that are normally paid by me), calculated fortnightly, are as follows:

Nature of Expense	\$ per fortnight	Nature of Expense	\$ per fortnight
Rent / Board		Gas/electricity/other utilities	
Mortgage repayments		Telephone	
Other loan repayments		Health care	
Council / Water rates		Child care	
Insurance premiums		Education	
Food		Other:	
Clothing		Other:	
Spouse/Child maintenance		Other:	
Travel and motor vehicle		Other:	
Total of Column 1	\$	Total of Column 2	\$
Total of Column 1 and Column 2		\$	

Please note you may be asked to provide documentary evidence to support your claim.

D. LIABILITIES

["Liabilities" include outstanding mortgages, credit card debts, other moneys owed by you. If any liabilities are owed jointly with someone other than a dependant, give the name of the other person.]

[if no liabilities write "nil" below]

7. My liabilities are as follows:

	My details	My dependants' details
Amount owing on my mortgage	\$	\$
Amount owing on other loans	\$	\$
Credit card		
- Amount owing	\$	\$
- Limit of the card	\$	\$
Amount owing to any businesses or individuals (please include details of each liability)	\$	\$
Other, please specify		
TOTAL amount owing	\$	\$

Please note you may be asked to provide documentary evidence to support your claim.

E. ADDITIONAL INFORMATION

[Please set out any other information concerning your financial position which you believe will help the Registrar decide your request for a fee waiver]

F. DECLARATION

I declare that to the best of my knowledge and belief the information set out in this application is true and that, where any estimate is given, it is given in good faith.

Applicant's signature

Date:

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For Tribunal Use Only

DECISION ON APPLICATION FOR FEE EXEMPTION OR WAIVER

Decision on claim for exemption / waiver of fees

I waive payment of fees.

I do not waive payment of fees.

Reason for refusal:

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Date:

.....
Registrar / An officer acting with the authority of the (District) Registrar
Authorised Officer
[Cross out incorrect one]

