



This form is for use in the AAT's General Division, Freedom of Information Division, Security Division, Small Business Taxation Division, Taxation & Commercial Division and Veterans' Appeals Division to request a fee reduction on the basis that payment of a standard application fee has caused, or would cause, financial hardship to the applicant: section 21 of the Administrative Appeals Tribunal Regulation 2015.

You must complete items marked with an asterisk (\*).

SECTION 1 CASE DETAILS

AAT File Number

If known

[Empty text box for AAT File Number]

SECTION 2 PERSONAL DETAILS

Full name

Mr  Mrs  Ms  Miss  Other:

Family name:

Given name(s):

Street address \*

[Empty text box for Street address] State: Postcode:

Postal address

'As above' if also your street address

Suburb: State: Postcode:

Occupation \*

[Empty text box for Occupation]

Name of employer

If applicable

[Empty text box for Name of employer]

Work address

If applicable

[Empty text box for Work address] State: Postcode:

Telephone \*

Landline: ( )

Mobile:

Fax

( )

Email

[Empty text box for Email]

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## Statement of Financial Position – Individual

In support of Request for Fee Reduction  
(Administrative Appeals Tribunal Regulation 2015)

To make a decision on your request for a fee reduction, the Registrar needs information about your financial circumstances. Please answer 'N/A' (Not Applicable) if a question is not relevant to your circumstances.

### 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.

### SECTION 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:

Note: if no other income, write "NIL" below:

Generally, dependants are persons who rely on you or on whom you rely for financial support and include spouse, de facto partner and children

Nature of income	My amount per fortnight	My dependants' amount per fortnight
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)	\$	\$
<b>TOTAL:</b>	<b>\$</b>	<b>\$</b>

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

2. The details for each of my dependants are as follows:

Full name	Relationship to me	Age (yrs)

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**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
<b>TOTAL</b>		<b>\$</b>

## SECTION 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, or 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 dependants' details (their share/interest)
<b>Liquid assets (other than bank accounts)</b>		
A1 Cash (not in a bank account)	\$	
A2 Other investments (eg shares, debentures, bonds)	\$	
A3 Money owed to you	\$	
<b>Subtotal – Liquid assets (A1 + A2 + A3)</b>	<b>\$</b>	
<b>Non-liquid Assets</b>		
B1 House / land		
Market value	\$	
Amount of mortgage	\$	
House/land net value (Market value – mortgage)		
B2 Motor vehicle		
Market value	\$	
Amount owing on vehicle	\$	
Net value motor vehicle (Market value – amount owing)	\$	
B3 Value of household furniture & electrical goods	\$	
B4 Other assets	\$	
B5 Interest in a trust, business or partnership	\$	
<b>Subtotal – Non-liquid assets (B1 + B2+ B3 + B4 + B5)</b>	<b>\$</b>	
<b>TOTAL (A) + (B)</b>	<b>\$</b>	

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5. Money in bank, credit union, building society accounts and other financial institutions in my name or that of my dependants, or an account held jointly in my name, is as follows:

Account Name and Number	Name of Bank	Amount in account
		\$
		\$
		\$
<b>TOTAL</b>		\$

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

### SECTION 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	\$
<b>TOTAL Column 1</b>	<b>\$</b>	<b>TOTAL Column 2</b>	<b>\$</b>
<b>TOTAL Column 1 and Column 2</b>		<b>\$ per fortnight</b>	

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

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**SECTION D LIABILITIES****7. My liabilities are as follows:**

'Liabilities' include outstanding mortgages, credit card debts and 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.

	<b>My details</b>	<b>My dependants' details</b>
Amount owing on my mortgage	\$	\$
Amount owing on other loans	\$	\$
Amount owing on credit card(s)	\$	\$
Amount owing to any businesses or individuals (please include details of each liability)	\$	\$
	\$	\$
	\$	\$
	\$	\$
Other, please specify	\$	\$
<b>TOTAL</b>	\$	\$
Credit card(s) limit	\$	\$

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

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**SECTION F DECLARATION**

I declare that to the best of my knowledge and belief the information set out in this form is true and that, where any estimate is given, it is given in good faith. I can verify the information with original documents.

**Applicant's  
signature**

**Date**

dd / mm / yyyy

**WARNING**

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.

**AAT USE ONLY****DECISION ON REQUEST FOR FEE REDUCTION**

- I make an order under subsection 21(h) of the *Administrative Appeals Tribunal Regulation 2015* that I consider the payment of the standard application fee would cause, or has caused, financial hardship to the applicant. This means that a reduced fee of \$100 is payable instead of the standard application fee.
- I do not make an order under subsection 21(h) of the *Administrative Appeals Tribunal Regulation 2015*. This means that the applicant must pay the standard application fee.

Reason for refusal:

**Signed**

Registrar / Delegate

**Date**

dd / mm / yyyy





## INFORMATION ABOUT THIS FORM

### WHAT WE DO WITH INFORMATION GIVEN TO US

We collect information from you to process and consider your request under the *Administrative Appeals Regulation 2015*.

The information that you give in this form will usually only be seen by AAT staff who are involved in processing your application.

We can order that information be kept confidential if we believe there is good reason to do so. You can apply for an order by writing to us stating what information you want kept confidential and why.

Our Privacy Policy includes information about how you can access and seek correction of your personal information, make a complaint about the way we have handled your personal information and how we will deal with such a complaint. Our Privacy Policy is on our website or is available from your local AAT registry.

### MORE INFORMATION ABOUT THE AAT

For more information about the AAT and how we conduct reviews go to our website or call us. Our staff can give you information about procedures but cannot give you legal advice.

### HOW DO I SUBMIT THIS FORM?

You can send us your form by email, post, or fax, or deliver it to a registry.

**Email:** [generalreviews@aat.gov.au](mailto:generalreviews@aat.gov.au)

**Post:** AAT, GPO Box 9955, Your capital city (*Northern Territory residents should write to Adelaide*)  
or

AAT, c/- Supreme Court of Norfolk Island Registry, Kingston, Norfolk Island 2899

#### In person or by fax:

<b>ADELAIDE</b> Level 2 1 King William St ADELAIDE SA 5000  <b>FAX (08) 8128 8099</b>	<b>BRISBANE</b> Level 6 295 Ann St BRISBANE QLD 4000  <b>FAX (07) 3052 3001</b>	<b>CANBERRA</b> Level 8 14 Moore St CANBERRA CITY ACT 2600  <b>FAX (02) 6243 4600</b>	<b>HOBART</b> Edward Braddon Building Commonwealth Law Courts 39–41 Davey St HOBART TAS 7000  <b>FAX (02) 9276 5597</b>
<b>MELBOURNE</b> Level 4 15 William St MELBOURNE VIC 3000  <b>FAX (03) 9454 6998</b>	<b>NORFOLK ISLAND</b> Supreme Court of Norfolk Island KINGSTON Norfolk Island 2899 <b>TEL +61 2 9391 2400</b> <b>FAX +61 2 9283 4881</b>	<b>PERTH</b> Level 13 111 St Georges Terrace PERTH WA 6000  <b>FAX (08) 6222 7299</b>	<b>SYDNEY</b> Level 6 83 Clarence St SYDNEY NSW 2000  <b>FAX (02) 9276 5599</b>

If you want more information or assistance, call us on **1800 228 333** (calls are free from landline phones, however calls from mobiles may be charged). Residents of northern NSW (postcodes 2460–2490) will be connected to the Brisbane registry and residents of the Northern Territory will be connected to the Adelaide registry.

Non-English speakers can call the Translating and Interpreting Service on 131 450 and ask them to call the AAT.

If you are deaf or have a hearing or speech impairment, contact us through the National Relay Service. For more information visit [www.relayservice.gov.au](http://www.relayservice.gov.au)

**Website:** [www.aat.gov.au](http://www.aat.gov.au)