

# Financial statement

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Please complete all questions on this form

Client ID: .....

File ID: .....

## 1. Personal details

Title:  Mr  Mrs  Ms  Miss  
 Master  Dr  Mr/Mrs  Estate of

Name: ..... Middle name: .....

Surname: .....

Gender:  Male  Female  Not applicable

Date of birth: ...../...../..... (Is date of birth an estimate only?)  Yes  No

Your home address (even if you are in custody):

.....  
 .....  
 .....

Your postal address (leave blank if same as home address):

.....  
 .....  
 .....

Are you currently homeless?  Yes  No

Would you prefer to be contacted by email?  Yes  No

Email address: .....

Home phone: ..... Mobile phone: .....

Work phone: ..... Other contact phone: .....

## 2. Employment status

What is your employment status?

Not employed  Full time  Part time  Casual  Self employed

If employed, what is the name and address of your employer?

.....  
 .....  
 .....  
 .....

Are you bankrupt?  Yes  No

If so, please provide Bankruptcy Number: .....

### 3. Benefit details

Are you on a benefit? (If NO, go straight to Question 7)  Yes  No

What is your Centrelink reference number? .....

What type of benefit do you receive?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> ABSTUDY*                    | <input type="checkbox"/> Age pension*        | <input type="checkbox"/> Austudy*          | <input type="checkbox"/> Carer payment*       |
| <input type="checkbox"/> Disability support pension* | <input type="checkbox"/> Newstart allowance* | <input type="checkbox"/> Other             | <input type="checkbox"/> Parenting payment*   |
| <input type="checkbox"/> Partner allowance*          | <input type="checkbox"/> Sickness allowance* | <input type="checkbox"/> Special benefits* | <input type="checkbox"/> Veterans/war service |
| <input type="checkbox"/> Widow allowance*            | <input type="checkbox"/> Widow B pension*    | <input type="checkbox"/> Wife pension*     | <input type="checkbox"/> Youth allowance*     |

If you receive one of the benefits marked with an asterisk\*, do you receive the maximum rate of pension?

Yes  No

### 4. Custody details

Are you in custody or detention? (If NO, go straight to Question 8)  Yes  No

Custody/detention location .....

Date remanded into custody or detention .....

Corrective services ID (not compulsory) .....

### 5. Living arrangements

What are your usual living arrangements?

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Single                 | <input type="checkbox"/> Living with partner   | <input type="checkbox"/> Married  |
| <input type="checkbox"/> Separated from partner | <input type="checkbox"/> Married but separated | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed                | <input type="checkbox"/> Not applicable        |                                   |

### 6. Financially Associated Person details

In this form, Financially Associated Persons means:

someone who usually provides you with financial support or could reasonably be expected to financially assist you.

Such persons would include:

- your spouse or partner
- children
- relatives
- a trust/corporation/group

Do you have someone who is a Financially Associated Person?

Yes  No

What is their relationship to you?

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Child       | <input type="checkbox"/> Ex-spouse  |
| <input type="checkbox"/> Sibling        | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Parent         | <input type="checkbox"/> Co-accused  | <input type="checkbox"/> Other      |

Is this person on a benefit?  Yes  No

If YES, what type of benefit do they receive?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> ABSTUDY*                    | <input type="checkbox"/> Age pension*        | <input type="checkbox"/> Austudy*          | <input type="checkbox"/> Carer payment*       |
| <input type="checkbox"/> Disability support pension* | <input type="checkbox"/> Newstart allowance* | <input type="checkbox"/> Other             | <input type="checkbox"/> Parenting payment*   |
| <input type="checkbox"/> Partner allowance*          | <input type="checkbox"/> Sickness allowance* | <input type="checkbox"/> Special benefits* | <input type="checkbox"/> Veterans/war service |
| <input type="checkbox"/> Widow allowance*            | <input type="checkbox"/> Widow B pension*    | <input type="checkbox"/> Wife pension*     | <input type="checkbox"/> Youth allowance*     |

If YES, do they receive the maximum rate of pension or benefit?  Yes  No

## 7. Dependant details

In this form, 'dependant' means:

A person who relies on you for financial support, including a spouse, partner or children

Do any dependants live with you?

Yes

No

When answering this question, you need to:

- list those people that are not listed as Financially Associated Persons in the previous question;
- include *ONLY* those people who live with you.

Names of dependants:

| First name | Surname | Relationship to you | Date of birth |
|------------|---------|---------------------|---------------|
|            |         |                     |               |
|            |         |                     |               |
|            |         |                     |               |
|            |         |                     |               |
|            |         |                     |               |

Do you or your Financially Associated Person pay child support/maintenance?

Yes

No

How many children do you pay maintenance for?

## 8. Your income (before tax)

|  | You | Your Financially Associated Person | Frequency |
|--|-----|------------------------------------|-----------|
| Pensions/benefits/ allowances (excluding Family Tax Benefit) |     |                                    |           |
| Income – employment  |     |                                    |           |
| Business/self-employed                                       |     |                                    |           |
| Child support  |     |                                    |           |
| Other  |     |                                    |           |
| Total  |     |                                    |           |

## 9. Expenses

|               | You | Your Financially Associated Person | Frequency |
|---------------|-----|------------------------------------|-----------|
| Income tax    |     |                                    |           |
| Rent          |     |                                    |           |
| Mortgage      |     |                                    |           |
| Board         |     |                                    |           |
| Rates         |     |                                    |           |
| Child care    |     |                                    |           |
| Child support |     |                                    |           |
| Total         |     |                                    |           |

## 10. Assets

|                        | You | Your Financially Associated Person |
|------------------------|-----|------------------------------------|
| Home                   |     |                                    |
| Home mortgage          |     |                                    |
| Other real estate      |     |                                    |
| Other mortgage         |     |                                    |
| Farm/business          |     |                                    |
| Farm/business mortgage |     |                                    |
| Motor vehicle          |     |                                    |
| Motor vehicle loan     |     |                                    |
| Cash/savings           |     |                                    |
| Other assets           |     |                                    |
| <b>Total assets</b>    |     |                                    |

### Business

Are you or your Financially Associated Person:

- Self employed  Yes  No
- A partner or director in a business or company  Yes  No
- A shareholder in a private company  Yes  No
- Receiving money from a trust  Yes  No
- Receiving any other benefit from a business or company  Yes  No

If YES to any of the above, please provide details:

.....

.....

.....

*If you have any interest in a business or farm, you will need to provide profit and loss accounts for the past 12 months; tax returns for the last financial year; and bank statements for the past three months.*

## 11. Lump sums received or expected

Have you or your Financially Associated Person received any lump sum over \$2000 in the last 12 months?

- Yes  No

Are you or your Financially Associated Person likely to receive any lump sum over \$2000 in the next 12 months?

- Yes  No

If YES to either of the above: How much? ..... When? .....

Details of lump sum: .....

Are you currently precluded from receiving a Centrelink benefit due to receipt of a lump sum?

- Yes  No

If YES: How much did you receive? ..... How many weeks are you precluded? .....

## 12. Applicant declaration

I, .....

of .....

acknowledge that it is an offence to:

- fail to disclose information required of me and which I know to be relevant
- provide false information to Victoria Legal Aid directly or via my legal practitioner
- make a false statement either orally or in writing to Victoria Legal Aid directly or via my legal practitioner

Your signature: ..... Date: ..... / ..... / .....

### YOUR CHECKLIST

Before you send in the statement, check you have:

- answered all relevant questions
- enclosed a copy of your last pay slip
- attached bank statements for the past three months
- if self-employed, attached a copy of your last tax return
- if on a pension/benefit, attached a statement to all entitlements



## Victoria Legal Aid office locations

If you need help with this form, please contact your local Victoria Legal Aid office.

If you require more information about Victoria Legal Aid, visit our website, [www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)

### MELBOURNE

350 Queen St  
Melbourne VIC 3000  
GPO Box 4380  
Melbourne VIC 3001  
Tel: 9269 0120  
Country callers: 1800 677 402  
DX 210646 Melbourne VIC

#### Suburban offices

### BROADMEADOWS

North western suburbs  
Level 1, Building 1  
Broadmeadows Station Centre  
1100 Pascoe Vale Rd  
Broadmeadows VIC 3047  
PO Box 3211  
Broadmeadows VIC 3047  
Tel: 9302 8777  
DX 211279 Broadmeadows VIC

### DANDENONG

Westernport region  
Level 1, 9-15 Pultney St  
Dandenong VIC 3175  
PO Box 620  
Dandenong VIC 3175  
Tel: 9767 7111  
DX 211588 Dandenong VIC

### FRANKSTON

Peninsula region  
Cnr O'Grady Ave & Dandenong Rd  
Frankston VIC 3199  
PO Box 843  
Frankston VIC 3199  
Tel: 9784 5222  
DX 211804 Frankston VIC

### PRESTON

North eastern suburbs  
42 Mary St  
Preston VIC 3072  
PO Box 163  
Preston VIC 3072  
Tel: 9416 6444  
DX 212421 Preston VIC

### RINGWOOD

Outer eastern suburbs  
23 Ringwood St  
Ringwood VIC 3134  
PO Box 4322  
Ringwood VIC 3134  
Tel: 9259 5444  
DX 212467 Ringwood VIC

### SUNSHINE

Western suburbs  
1/474 Ballarat Rd  
Sunshine VIC 3020  
PO Box 196  
Sunshine VIC 3020  
Tel: 9300 5333  
DX 212688 Sunshine VIC

#### Regional offices

### BALLARAT

Central Highlands region  
Area A, Level 1  
75 Victoria St  
Ballarat VIC 3350  
PO Box 1615  
Bakery Hill VIC 3354  
Tel: 5329 6222  
DX 214299 Ballarat VIC

### BENDIGO

Loddon-Campaspe region  
424 Hargreaves St  
Bendigo VIC 3550  
PO Box 1006  
Bendigo VIC 3552  
Tel: 5448 2333  
Toll free: 1800 254 500  
DX 214545 Bendigo VIC

### GEELONG

Barwon region  
Level 2, 199 Moorabool St  
Geelong VIC 3220  
Tel: 5226 5666  
Toll free: 1800 196 200  
DX 216075 Geelong VIC

### HORSHAM

Wimmera region  
29 Darlot St  
Horsham VIC 3400  
PO Box 230  
Horsham VIC 3400  
Tel: 5381 6000  
Toll free: 1800 177 638  
DX 216534 Horsham VIC

### MORWELL

Gippsland region  
Cnr Chapel & George St  
Morwell VIC 3840  
PO Box 1194  
Morwell VIC 3840  
Tel: 5134 8055  
DX 217741 Morwell VIC

### BAIRNSDALE

Gippsland region (branch office)  
101A Main St  
Bairnsdale VIC 3875  
PO Box 436  
Bairnsdale VIC 3875  
Tel: 5153 1975

### SHEPPARTON

Goulburn region  
36-42 High St  
Shepparton VIC 3630  
PO Box 858  
Shepparton VIC 3632  
Tel: 5823 6200  
DX 218753 Shepparton VIC

### WARRNAMBOOL

South Coast region  
185 Fairy St  
Warrnambool VIC 3280  
Tel: 5559 7222  
DX 219599 Warrnambool VIC