

**FAIR WORK  
AUSTRALIA**

**FINANCIAL  
INFORMATION**

**APPLICATION FOR  
WAIVER OF  
APPLICATION FEE**

- The purpose of this form is to obtain information to help us make an informed decision about granting your application for waiver of the application fee.
- Failure to provide all relevant information may result in your application being refused.
- Fair Work Australia undertakes to consider completed applications for waiver of the application fee as a matter of priority. Where possible, you will be advised verbally of Fair Work Australia's decision that may be confirmed in writing.
- Where the application for waiver is unsuccessful, you will be required to pay the application fee immediately.
- Please note that your application can only be accepted where the application fee is paid or waived.
- Personal information is protected by law and can only be given to someone else where Commonwealth Legislation requires or you give your permission.

**Part A****Personal details**

1 About you

Title

 Mr     Mrs     Miss     Ms

Surname

\_\_\_\_\_

Given Name

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_Postcode \_\_\_\_\_

Postal Address  
(if different)

\_\_\_\_\_

\_\_\_\_\_Postcode \_\_\_\_\_

Phone Number

(business hours) \_\_\_\_\_  
(mobile) \_\_\_\_\_

2 Do you have a partner?

 No Yes

Partner's Occupation \_\_\_\_\_

3 Give details of any  
dependant children

Number \_\_\_\_\_

Ages \_\_\_\_\_

4 About you

Please tick  the box or  
boxes which describe your  
situation and provide the  
relevant details. No paid work Employed

Employer's name/ business name

Address

\_\_\_\_\_

\_\_\_\_\_Postcode \_\_\_\_\_

 Receiving  
superannuation

Fund name

Address

\_\_\_\_\_

\_\_\_\_\_Postcode \_\_\_\_\_

 Receiving  
Worker's  
Compensation

Fund name

Address

\_\_\_\_\_

\_\_\_\_\_Postcode \_\_\_\_\_

**Part B****Income**

5 Please provide details of <u>your</u> current income		Amount	How often received (weekly, fortnightly etc)
	Wage or salary	_____	_____
	Social security payments	_____	_____
	Child support (paid to you)	_____	_____
	Income from rental property	_____	_____
	Interest on shares and investments	_____	_____
	Other income	_____	_____

6 Please provide details of <u>your partner's</u> income.		Amount	How often received (weekly, fortnightly etc)
	Wage or salary	_____	_____
	Social security payments	_____	_____
	Child support (paid to spouse)	_____	_____
	Income from rental property	_____	_____
	Interest on shares and investments	_____	_____
	Other income	_____	_____

7 Did you receive any lump sum payments on termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____
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**Part C****Assets**

8 Money in financial institutions e.g. bank, credit union, building society etc.

- 1.
- 2.
- 3.
- 4.

Branch	Account Number	Account Holder Details (self, joint, other)	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Houses and other real estate

- 1.
- 2.
- 3.
- 4.

Address of property (if different from residence)	Owner details (self, joint, other)	% Owned	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10 Significant items of property e.g. car, boat, caravan.

- 1.
- 2.
- 3.
- 4.

Description	Owner details (self, joint, other)	% Owned	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11 Stocks, bonds, etc. (The Market value is the money you would get if you sold now.)

- 1.
- 2.
- 3.
- 4.

Description	Owner details (self, joint, other)	% Owned	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Part D**

**Expenditure**

12 What is your household expenditure?

General expenses	Amount	How often paid	General expenses	Amount	How often paid
Rent or mortgage	_____	_____	Groceries/ food	_____	_____
Rates	_____	_____	Dental	_____	_____
Household Insurance	_____	_____	Chemist	_____	_____
Health Insurance	_____	_____	Medical	_____	_____
Electricity	_____	_____	School fees	_____	_____
Telephone	_____	_____	Childcare	_____	_____
Mobile Phone	_____	_____	Clothing/ shoes	_____	_____
Gas or heating	_____	_____	Spouse/ child support	_____	_____
Superannuation	_____	_____	Car expenses (petrol, maintenance)	_____	_____
Travel costs (fares)	_____	_____	Other	_____	_____

13 What are your regular repayments? (Money owed as loans and repayments etc.)

	Available limit (Visa, Amex etc.)	Balance Owing	Frequency of payment (weekly, monthly)	Amount of regular payment
<b>Credit Cards</b>				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Personal Loans	Money owed to	Reason for Loan	Frequency of payment (weekly, monthly)	Amount of regular payment
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
<b>Hire purchase repayments</b>				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
<b>Rental agreements</b>				
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
<b>Other</b>				
	_____	_____	_____	_____

14 Other Comments: (Please include any other information/ comments which you believe should be taken into account in determining your application for the waiver of the application fee.)

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**Part E** **Statement**

**I ask that**

- **the application fee payable on application to FWA be waived. I ask because payment of the fee will cause me serious hardship.**

**I declare that**

- **to the best of my knowledge and belief the information I give is complete and correct.**
- **I have not deliberately omitted any relevant information.**
- **Where an estimate is given, it is given in good faith.**

**Your signature** \_\_\_\_\_

**Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**FWA Use Only**

**Approved**

**Not Approved**

This application has/has not been approved.

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant advised of decision verbally

Signature \_\_\_\_\_

Action Officer \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Written advice sent to applicant

Signature \_\_\_\_\_

Action Officer \_\_\_\_\_/\_\_\_\_/\_\_\_\_