



**APPLICATION FOR FEE WAIVER FOR INSTRUMENT APPOINTING ENDURING GUARDIAN
FINANCIAL HARDSHIP**

You must complete this form if you are applying for a waiver of the fee for payment of Instrument Appointing an Enduring Guardian because the fee would cause you financial hardship.

Complete the details below	
Family name	Given names
I am applying for the fee for Instrument Appointing an Enduring Guardian to be waived.	
Please set out any special circumstances relating to your claim that would support your application for fee waiver.	
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Please note: you may be asked to supply documentary evidence to support your claim.	

The full names of each of my dependents are :

Full name	Relationship to me

1. Details of income

My income (including government pensions, benefits and allowances), calculated fortnightly, is as follows [if no relevant income, write nil in the appropriate field below]:

Income details	Amount
Fortnightly pay (after tax)	\$
Government pension , benefit or allowance (please specify)	\$
TOTAL INCOME	\$

2. Details of living expenses

My living expenses (including living expenses of my dependents that are normally paid by me), calculated fortnightly, are as follows:

Nature of Expense	Amount
Rent/Board	\$
Mortgage repayments	\$
Other loan repayments	\$
Food	\$
Clothing	\$
Gas/Electricity/Water/other utilities	\$
Telephone	\$
Travel and motor vehicle	\$
Health care	\$
Other debts (provide details)	\$
TOTAL EXPENSES	\$

3. Details of assets (if you have no assets write 'nil' below)

Current Bank/Credit union balance (provide any investment accounts)	Amount
Bank 1	\$
Bank 2 *(please provide evidence of bank account balance)	\$
Motor vehicles (car, truck, motor bike etc)	\$
House or other property (please provide address)	
TOTAL VALUE OF ASSETS	\$

4. Details of debts

Amount owing on my mortgage	\$
Amount owing on other loans	\$
Amount owing on credit card	\$
Other (please specify)	\$
TOTAL VALUE OF DEBTS	\$

Certification by Applicant

I certify that:

- I am the applicant of waiver of fees for the appointment of Enduring Guardian;
- The facts are true to the best of my knowledge, information and belief;
- I am aware that it is an offence to provide information or a document in connection with this application that is false and misleading

Signature

Date / /

Note

You may wish to provide additional information supporting your claim that the payment of the fee would cause you financial hardship, such as evidence of your bank balance or statement from Centrelink outlining your entitlements.