



FINANCIAL ASSESSMENT FORM
CONFIDENTIAL

LEGACY BRISBANE
COMMUNITY SERVICES

Client: _____ Date: _____

Address: _____

Email: _____ Phone: _____

APPLICANT DETAILS

Full Name	Date of Birth	Relationship to client	Address if different to client

OTHER MEMBERS OF HOUSEHOLD

Full Name	Date of Birth	Relationship to Client

HAVE YOU APPLIED OR RECEIVED ASSISTANCE WITH US OR OTHER ORGANISATIONS BEFORE?

YES/ NO

IF YES, PLEASE PROVIDE FURTHER DETAILS:

Date	Organisation	Amount of Assistance	Type of Assistance

REQUEST FOR ASSISTANCE:

Please describe your request for assistance and the amount being sought:

SUPPORTING DOCUMENTATION

(Please attach copies of any documentation which will assist us in verifying and supporting your application)

Documentation	Attached	
Bank Statements showing transactions over the past two (2) months for all bank accounts and credit cards including partner/spouse	Yes	No
Income statement from Centrelink or DVA	Yes	No
Documentation confirming income from all contributing household members	Yes	No

If you have not attached any of the above documentation, please advise why:

INCOME FORTNIGHTLY

(Please also detail any person that contributes to the household financially)

Income Type	Applicant	Spouse/partner	Other	Other	Other	TOTAL
Wages or income from self-employment						
DVA Service Pension						
DVA War Widows Pension						
DVA Income Support Supplement						
DVA - MRCA SRCA / VEA						
Child Support						
Rental Assistance						
Investment Income						
Aged Pension						
Disability Pension						
Parenting Payment						

Carers Payment						
Carers Allowance						
Youth Allowance						
Family Tax Benefit A						
Family Tax Benefit B						
Superannuation						
Other						

EXPENDITURE FORTNIGHTLY

Basic needs	Housing (mortgage, rent)	\$
	Rates	\$
	Insurances (home, contents, vehicle)	\$
	Food and groceries	\$
	Electricity	\$
	Gas	\$
	Telephone (landline, mobile)	\$
	Vehicle Expenses (registration, repairs, fuel, insurance)	\$
		\$
	Clothing / personal care	\$
	Repayments to Centrelink / DVA	\$
Other (please specify): _____	\$	
Creditors (loans, credit cards, family, friends)	Loan 1: _____	\$
	Loan 2: _____	\$
	Fines:	\$
	Other:	\$
	Transport costs (fuel, bus, train, taxis)	\$

Access, social inclusion and incidentals	Recreation / Entertainment	\$
	Incidentals	\$
	Other	\$
Health and Home Care Needs	Life Insurance	\$
	Funeral plan	\$
	Doctor's visits	\$
	Medical treatment / aids	\$
	PBS medicines	\$
	In-home services	\$
Personal and discretionary items <i>(this information will complete the financial assessment/ household budget, but is not a mandatory requirement for the provision of financial support)</i>	Cigarettes/liquor	\$
	Pay TV	\$
	Pets	\$
	Subscriptions	\$
	Savings	\$
Children / Dependants expenses	School / University Fees	\$
	Child Care / Carer Fees	\$
	Uniforms	\$
	Stationery/Technology	\$
	Tutoring	\$
	Excursions / School Incidentals	\$
	Doctors / Specialists Fees	\$
	Medical Equipment / Aids	\$
	PBS Medicines	\$
	Transport	\$
	Sport / Recreation	\$
Other	\$	
Total Expenses =		\$
Total Income – Total Expenses =		\$



ASSETS OVER \$5,000 (e.g. Boat, Motor Vehicle, Motor Home, Jet Ski, Motor Bike)

Table with 2 columns: Asset, Approximate value. Contains 4 empty rows for data entry.

REVIEW DATE: _____

FINANCIAL STATEMENT AGREEMENT

I understand and acknowledge that the information I have provided above regarding my finances is only for the purposes of Legacy Brisbane to assess my financial circumstances and support me in the most appropriate way.

I declare that all the information is complete and accurate to the best of my knowledge.

Signed (applicant): _____ Date: _____

Signed (CSO/Legatee): _____ Date: _____

FINANCIAL ASSISTANCE PROPOSAL

Proposal: _____

Proposed by: _____ Date: _____

Approved by: _____ Date: _____

Review due: _____ Date: _____

Reviewed by: _____ Date: _____