|  |
| --- |
| **Statement of Financial Position** |
| Claim number |  |
| Policy number |  |
|  |
| Name |  |
| Address |  |
| Telephone number |  |
| Number of dependents |  |
| Employer |  |
| Employer address |  |
| Occupation |  |
| Fulltime, part time or casual |  |
|  |
| **Income per Fortnight** |
| Net salary per fortnight (after tax and super deductions) | $ |
| Any Other income sources (e.g. dividends, family allowance, newstart, centrelink, any other government allowances) |  | $ |
|  | $ |
|  | $ |
|  | $ |
|  |
| Total fortnightly income | $ |
|  |
| **Expenses per Fortnight** |
| Mortgage | $ |
| Rent | $ |
| Food | $ |
| Car expenses | $ |
| Car payments | $ |
| Credit card repayments | $ |
| Loan repayments | $ |
| Phone/Internet/Mobile Bill | $ |
| Utilities (gas, electric, water) | $ |
| Any other expenses (please specifiy) |  | $ |
|  | $ |
|  | $ |
|  |
| Total fortnightly expenses | $ |
|  |
| Net surplus | $ |
|  |
| Proposed up front lump sum payment | $ |
| Proposed amount to pay on a fortnightly basis | $ |

I/We Certify that this is a true and correct statement of my/our present financial position.

Signature Date