|  |  |  |
| --- | --- | --- |
| **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