Statement of Financial Position



As at: / / (day/month/year)

Claim Number / Policy Number

1. PERSONAL DETAILS			
Name			
Address			
Telephone			
No. of Dependants	Age of Dependants (if applicable)		
Employer	Employment Status (e.g full time, part time or casual)		
Occupation			
Nominated Representative	If you would like to nominate a representative to handle your application on your behalf, include their details below:		

2. INCOME DETAILS (PER MONTH)

Wages (after tax)	\$
Centrelink benefits (family allowance, Jobstart, or other)	\$
Rental income	\$
Child maintenance/support	\$
Other	\$
TOTAL	\$

HMIA Pty LtdABN 11 169 198 323PO Box H320, Australia Square NSW 1215p 02 9227 8400e enquiries@hmia.com.auHMIA Pty Ltd is an Authorised Representative (No.462126) of SGUAS Pty LtdABN 15 096 726 895AFSL 234437

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3. EXPENSES (PER MONTH)

Rent and/or mortgage repayments	\$
Other loan payments	\$
Credit card payments	\$
Child support payments	\$
Motor vehicle expenses (petrol, insurance, lease payments, etc.)	\$
Living costs (food, public transport, telephone, etc.)	\$
Hospital/medical expenses	\$
TOTAL	\$

4. SUMMARY OF FINANCIAL POSITION: (Total Income less Total Expenses)		
TOTAL Income		\$
TOTAL Expenses		\$
NET INCOME		\$

5. ASSETS	
Real Estate	\$
Bank Accounts (Savings and Term Deposits)	\$
Motor Vehicles	\$
Boat / Motorbike / Caravan	\$
Furniture	\$
Computers	\$
Other	\$

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6. REPAYMENTS

Amount you propose to pay (per month):		\$	
Reason for financial difficulty -	– please tick		
Carer responsibilities	Over committed	Workplace injury	
	Reduced income	Other (list)	
□ Illness	□ Reduced employment		
□ Relationship problems	Relationship problems		
Business/investment loss	Business/investment loss		

7. DISCLAIMER

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

Name:			Name:	
Date:	/	1	Date:	1 1