



Australian Government

Department of Veterans' Affairs

# Statement of Circumstances

To be completed in respect of

File Number

## Completing this form

If you want to **know more** about the different types of income and assets, please refer to the booklet **You & Your Pension**.

If your income and assets are complex, you may choose to use (at your expense) an accountant or financial adviser to help you complete this form, but you (and your partner) must sign it.

If you **need more space** to answer questions, please provide an attachment with the required details.

Please **tick** the appropriate boxes.

Please use **black or blue pen**.

## Representative details

### Do you want a representative to act on your behalf?

No ☐

Yes ☐ ► Give details

#### For this review only

☐ ► If you want a representative to act on your behalf **for this review only**, give their contact details

Their name

Address

POSTCODE

Phone number  
(office hours)

#### For all future dealings with DVA

☐ ►



To appoint someone to enquire, act, or receive payment on your behalf, please complete and attach the **Appointing a third party to represent a DVA client** form (**D9325**).

If you are able to make decisions, both you and your nominated representative (individual or organisation contact) will need to complete and sign the form. Documents about legal appointments/authority are only required if you are no longer able to manage your own affairs.

If you do not have a form you require, contact DVA.

## About the information you give

### Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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### Your responsibility

If you receive a service pension or an income support supplement, you have a legal obligation under section 54 of the *Veterans' Entitlements Act 1986* to notify the Department within 14 days (28 days if you live overseas or receive Remote Area Allowance) if events or changes of circumstances occur that might affect the payment of your income support pension.

Giving false or misleading information is a serious offence.

There are penalties for failure to fulfil your obligations or for providing false or misleading information.

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**SECTION A****Your details****1 Your full name**

Title

Mr ☐Mrs ☐Miss ☐Ms ☐

Other

Family name

Given name(s)

**2 Date of birth****3 Home address**

(the address where you live)

<input type="text"/>
<input type="text"/>
POSTCODE

**4 Postal address**(if same as home address, write  
'AS ABOVE')

<input type="text"/>
<input type="text"/>
POSTCODE

**5 Your contact details**

Home telephone number

Mobile telephone number

Fax number

Work telephone number

Alternative telephone number

**6 Are you receiving (or applying for) a payment from Centrelink?**

This includes for example, age pension, disability compensation, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No ☐

Yes ☐ ▶ Type of payment

Amount you receive per fortnight

\$

Customer Reference Number (CRN)

Date of application/grant

Regional Office

**7 Are you receiving Defence Force Income Support Allowance (DFISA)?**

No ☐

Yes ☐

**8 What is your CURRENT relationship status?**

☐ **Single**

▶ Go to question **14**

☐ **Married and currently living together**

Date of marriage

/ /

☐ **In a de facto relationship and currently living together**

Date commenced living together

/ /

☐ **Have a partner, but unable to live together because of ill health or infirmity**

Period unable to live together

from

/ /

to

/ /

OR indefinite ☐

☐ **Divorced**

Date of divorce

/ /

▶ Go to question **14**

☐ **Widowed**

Name of deceased partner

Date of partner's death

/ /

If partner died in the last 12 months, has the estate been finalised?

No ☐

Yes ☐

▶ Are you a beneficiary? No ☐ Yes ☐

▶ Go to question **14**

☐ **Separated**

Date of separation

/ /

▶ Go to question **14**

**SECTION B****Current partner details****9 Your partner's full name**

Title

Mr ☐Mrs ☐Miss ☐Ms ☐

Other

Family name

Given name(s)

**10 Partner's date of birth****11** If your partner lives at a different address from you:**Partner's home address, postal address and home phone number**

Home address

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

Home phone

**12 Is your partner receiving (or applying for) a payment from Centrelink?**

This includes for example, age pension, disability compensation, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No ☐Yes ☐

▶ Type of payment

Amount received per fortnight

\$

Customer Reference Number (CRN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of application/grant

Regional Office

**13 Is your partner receiving Defence Force Income Support Allowance (DFISA)?**No ☐Yes ☐

**SECTION C****Dependent children****14 Do you (and/or your partner) have any dependent children under 16 years of age?**

This means that you are legally responsible for the day-to-day care, welfare and development of a child who is in your care or wholly or substantially in your care.

No ☐ ► Go to the next questionYes ☐ ► Give details

1	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	► Gross fortnightly income \$

2	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	► Gross fortnightly income \$

3	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Is the child at school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	► Gross fortnightly income \$

**15 Do you (and/or your partner) have any dependent children aged 16–22 years of age who are in full-time education?**No ☐ ► Go to question **16**Yes ☐ ► Give details

1	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	► Type of payment
				Amount of payment \$
	Other gross fortnightly income	\$		

2	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	► Type of payment
				Amount of payment \$
	Other gross fortnightly income	\$		

3	Child's full name			
	Date of birth	/ /	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Does the child receive any government payments?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	► Type of payment
				Amount of payment \$
	Other gross fortnightly income	\$		

**16 Do you have a partner who is receiving an income support payment and is living at a different address because of age or ill health?**

Refer to **You and Your Pension** for more information about the different income support pensions.

No ☐

Yes ☐ ▶ Type of accommodation (from the list below)

If required, give details at the relevant question in this section.  
(If you and your partner live in the same type of accommodation but at a different address, you may need to give the details on an attachment.)

This question must be answered in ALL cases

**17 Which of the following best describes where you live?**

**In a home you (and/or your partner) own**  
This includes paying it off (mortgage).

☐ ▶ Go to question **25**  
on page 10

**In a home you (and/or your partner) own jointly with another person or organisation**

☐ ▶ Go to question **25**  
on page 10

**In a retirement village or independent living unit**

☐ ▶ Go to question **18**  
on the next page

**In a residential aged care home (nursing home or hostel) which provides nursing care**

☐ ▶ Go to question **19**  
on the next page

**In a hospital or home for people with disabilities**

☐ ▶ Go to question **20**  
on the next page

**In accommodation which you have the right to use free for life**

Such as a granny flat.

☐ ▶ Go to question **21**  
on the next page

**In private rental accommodation, caravan park or moored craft**

☐ ▶ Go to question **22**  
on page 9

**In public housing**

Such as government subsidised, Housing Trust etc.

☐ ▶ Go to question **22**  
on page 9

**In a relocatable home**

Such as a home situated in a village or caravan park where you are paying site fees.

☐ ▶ Go to question **22**  
on page 9

**In a place where you pay private board and lodging**

☐ ▶ Go to question **23**  
on page 9

**In free accommodation**

Such as living with relatives.

☐ ▶ Go to question **24**  
on page 9

**In a home owned by a private trust**

☐ ▶ Go to question **25**  
on page 10

**In a home owned by a private company**

☐ ▶ Go to question **25**  
on page 10

**Other—please describe.**


  


☐ ▶ Go to question **25**  
on page 10

**Retirement village or independent living**

**18 Give details about your accommodation in the retirement village**


- ▶ On what date did you move into this accommodation?  /  /
- ▶ Did you pay an entry contribution? No ☐ Yes ☐ ▶ How much? \$
- ▶ How much do you pay on-going for your accommodation? Amount \$  per
- Date you started paying  /  /
- Does this include a component for meals? No ☐ Yes ☐

▶  Please attach a copy of the entry agreement if not provided previously.

▶ Go to question **25**

**Residential aged care home (nursing home or hostel) which provides nursing care**

**19 Give details about your accommodation in the nursing home or hostel**


- ▶ What is the name of the nursing home or hostel?
- ▶ Did/do you pay an accommodation bond/charge or a daily accommodation payment/contribution? No ☐ Yes ☐ ▶  Please attach a copy of the aged care agreement (contract) showing the types of payment being made, if this has not been provided previously.

- ▶ How much do you pay on-going for your accommodation? Amount \$  per
- Date you started paying  /  /

▶ Go to question **25**

**Hospital or home for people with disabilities**

**20 Give details about your accommodation in the hospital or home**

- ▶ On what date did you move into this accommodation?  /  /
- ▶  Please attach a copy of the accommodation agreement or other relevant documentation if not provided previously.

▶ Go to question **25**

**Life interest**

**21 Did you pay a sum of money or transfer any assets to another person or organisation in return for this accommodation for life?**

No ☐ ▶ Go to question **25**

Yes ☐ ▶

Name and address of person or organisation

<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

Date paid/transferred

 /  / 

Amount paid

\$

OR

What assets were transferred

<input type="text"/>
<input type="text"/>

Market value of assets transferred

\$

Go to question **25**



**Private rent, public housing, caravan park, moored craft**

**22 Give details**

Public housing renters are not eligible for rent assistance

- ▶ Type of payment: Public housing ☐ ▶ Go to question **25**  
Private rent ☐  
Caravan park site fees ☐  
Relocatable home park site fees ☐  
Mooring fees ☐

▶ How much do you pay? \$  per

▶ Who do you pay it to?  
(name and contact details including telephone number)


▶  Please attach a copy of your **latest lease or tenancy agreement**.  
If you don't have one, then attach a copy of the **latest rent receipt**.  
Make sure the name and address of the person to whom you pay rent is written on the receipt.

▶ Go to question **25**


**Private board and lodging**

**23 Give details of your board and lodging**

▶ Amount paid for meals \$  per

▶ Amount paid for lodging \$  per

▶ Who do you pay it to?  
(name and contact details including telephone number)


▶  Please attach a copy of your **latest lease or tenancy agreement**.  
If you don't have one, then attach a copy of the **latest receipt**.  
Make sure the name and address of the person to whom you pay board and lodging is written on the receipt copy or on an attachment.

▶ Go to question **25**

**Free accommodation**

**24 Give details of the provider of the free accommodation**

▶ Name

▶ Relationship to you

▶ Address   

Postcode

▶ Telephone number

▶ On what date did you move into this accommodation?  /  /

▶ Go to question **25**

**SECTION E****Income and assets****Bank accounts****25 Give details of all your (and/or your partner's) bank, building society and credit union accounts**

Include: mortgage offset accounts, term deposits, joint accounts you hold under any other name or money held in church or charitable development funds.

Include details of the account your pension will be paid into.

Do NOT include bonds or debentures. You will be asked about these in a later question.

Name of institution	Name(s) in which account is held	Account number or term deposit number	Type of account	Current balance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>



If you have money held in a church or charity account, please attach a statement or document confirming details.

**Cash holdings****26 Do you (and/or your partner) have cash holdings totalling more than \$2,000?**

This does NOT include cash you have for shopping and other day-to-day expenses.

Cash holdings means notes and coins you have in a safety deposit box, or you are holding instead of putting it into a bank account, or someone else is looking after for you.

No ☐

Yes ☐

Amount owned by you

\$

Amount owned by your partner

\$

**Shares****27 Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities?**

No ☐

Yes ☐

Give details

This includes listed and unlisted shares.

It includes shares traded in Australian and overseas markets, and in exempt stock markets.

Name of company	Type of share	Total number of shares	Owned by:	
			You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please attach a copy of the latest statement or schedule detailing your share holding for each company.

**Bonds/debentures****28 Do you (and/or your partner) have any bonds or debentures?**

This includes bonds and debentures offered by finance companies, public companies, Government or Government business enterprise, banks and financial institutions in Australia and overseas. Do NOT include friendly society bonds or insurance bonds. You will be asked about these in a later question.

No ☐Yes ☐ ► Give details

Money invested with	Certificate or series number	Invested in name(s) of	Current balance
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**Money on loan****29 Do you (and/or your partner) have money on loan to anyone (including family members) or money on loan to a private trust or company?**No ☐Yes ☐ ► Give details

Name of the person to whom the money is loaned	Date lent	Balance outstanding	Lent by:	
			You	Partner
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Managed investments****30 Do you (and/or your partner) have any managed investments?**No ☐Yes ☐ ► Give details

**Managed investments include investment trusts, personal investment plans, insurance bonds and friendly society bonds.**

Do NOT include any life insurance policies.

Do NOT include superannuation or rollover investments. You will be asked about these in a later question.

Do NOT include bonds and debentures (you should have listed these at Question 28).

Investment product	Owned by:	
	You	Partner
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



For each managed investment owned by you (and/or your partner), you must attach a copy of the latest documents which provide details (e.g. certificate with number of units or account balance).

**31 Do you (and/or your partner) have any money in a superannuation fund where your fund is in the accumulation phase and not paying you a pension?**

No ☐

Yes ☐ Give details

Superannuation funds include retail, industry corporate, employer or public sector funds and retirement savings accounts.

Do NOT include a self managed superannuation fund. You will be asked about this in another question.



You **must** attach a copy of the latest statement for each fund.

Name of institution/fund manager	Investment product	Owned by:	
		You	Partner
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ComSuper, DFRB and any other defined benefit superannuation payments**

**32 Do you (and/or your partner) receive income, pension or disability payments from a defined benefit superannuation fund?**

No ☐

Yes ☐ Give details

(Examples of defined benefit superannuation fund payments include ComSuper pension, Defence Force Retirement Benefits pension, Military Super pension, State Super pension, bank employee pensions).



Please attach your latest statement of benefit from the paying authority. If your payment includes a tax free component, you must also provide evidence of the amount from the paying authority. A tax free component may be allowed as a deduction against your gross payment.

Name of superannuation payment	Start date	Reference number	Paid to:	
			You	Partner
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income streams other than defined benefit superannuation payments**

**33 Do you (or your partner) receive income from an income stream?**

An income stream is a regular series of payments which may be made for a lifetime or fixed period by:

- a financial institution
- a superannuation fund
- a retirement savings account.

**Types of income streams include:**

- account-based pension/allocated pension
- transition to retirement pension
- market linked pension/term allocated pension
- immediate annuity/account-based annuity
- superannuation pension (non-defined benefit)

No ☐

Yes ☐ Give details



Please attach a copy of documents which provide the latest details of each income stream – your provider should be able to provide you with an ‘income stream schedule’ for each income stream product.


Name of product provider	Type of income stream	Start date	Product reference number	Owned by:	
				You	Partner
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Self managed superannuation funds****34 Are you (and/or your partner) a member of a self managed superannuation fund (SMSF) or a small APRA fund (SAF)?**


These are superannuation funds you have set up yourself (also referred to as Do It Yourself or DIY Funds).


No ☐ Yes ☐
 Please attach a copy of the latest tax return for the fund and the member statement.

Do you (and/or your partner) draw an income stream from the SMSF or SAF in the form of an account-based or allocated pension, transition to retirement pension, market linked pension, lifetime or life expectancy pension/annuity?

No ☐ Yes ☐
 Please attach a copy of documents which provide the latest details of each income stream and an 'income stream schedule' for each income stream product.

Does the SMSF or SAF hold any real estate?

No ☐ Yes ☐
 Please attach a copy of the latest council rates notice for each property.

 Please attach full documentation in respect of your SMSF or SAF investments. Contact your nearest DVA office if you require more information about what should be provided.
**Gifts****35 In the last 5 years have you (and/or your partner) given away, sold for less than their value, or surrendered a right to, any cash, assets, property or income?**

This includes forgiven loans and shares in private companies. For more information about gifts, contact DVA or refer to **You and Your Pension**.

No ☐Yes ☐ Give details

What you gave away or sold for less than its value (e.g. money, car, second home, land, farm)

Date given or sold

What it was worth

What you got for it

Gift made by:  
You Partner

/ /

\$

\$

☐ ☐

/ /

\$

\$

☐ ☐**Other investments****36 Do you (and/or your partner) have any money invested in, or do you receive income from, any other investments not declared elsewhere on this form?**

Include all overseas investments not declared elsewhere on this form. Do NOT include real estate in Australia, private trusts, private companies or business. You will be asked about these in later questions.

No ☐Yes ☐ Give details
 For each investment, attach a copy of a document which gives details

Type of investment

Name of organisation/company

Current value of investment

Income received in last 12 months

Owned by:  
You Partner


\$

\$

☐ ☐

\$

\$

☐ ☐**Employment****37 Have you (and/or your partner) been in full-time, part-time, seasonal or casual employment or 'odd jobs' in the last 12 months?**No ☐ Yes ☐ Were you: employed? ☐ self-employed? ☐
 Please attach a copy of your (and/or your partner's) latest full income tax return (not the payment summary). Allowances for genuine work related expenses are not counted as income. Income amounts sacrificed (e.g. superannuation, vehicle) are still part of your gross income.

Name of employer

Address of employer

Periods of employment

You Partner

/ /

to / /

☐ ☐

/ /

to / /

☐ ☐

Are you and/or your partner still employed?

No <input type="checkbox"/>	Gross total earnings for period worked	You	Partner	Yes <input type="checkbox"/>	Current gross fortnightly earnings	Date started earning this amount	You	Partner
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>



Please attach a copy of your latest pay-slip.

### Income from an agency outside Australia

#### 38 Do you (or your partner) receive income from an agency outside Australia?

This includes overseas pensions, benefits, allowances, superannuation, compensation and war related payments (e.g. British social security, armed forces, public service and war pensions).

Please note: If you are eligible for an overseas payment but don't receive it, then you must apply and advise DVA when you receive it.

No ☐ Yes ☐ Give details

Type of payment	Country who pays it	Paid to:	
		You	Partner
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>



For each payment, please attach a copy of the latest document which shows the payment amount in the foreign currency and the frequency of the payment. The document should also provide a breakdown of the amounts included (e.g. for British social security pension - attendance allowance, basic pension, graduated retirement benefit etc.).

### Money from boarders or lodgers

#### 39 Do you (and/or your partner) receive money from any boarders or lodgers living with you?

This includes boarders or lodgers who live with you or in accommodation at the property you live in (e.g. granny flat). Do NOT include immediate family members (son, daughter, parent).

No ☐

Yes ☐ Give details

Name of boarder/lodger	Relationship to you (e.g. friend, nephew)	Number of meals you provide each day	Amount paid for board or lodging each fortnight	Date boarder or lodger started paying	Paid to:	
					You	Partner
			\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>
			\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>

### Other payments

#### 40 Do you (and/or your partner) receive any payments/income from any other sources?

Other sources include:

- gratuities
- payment in kind, such as non-monetary payments for services
- income from an estate
- any other income you have not included elsewhere on this form.

No ☐

Yes ☐ Give details



For each type of payment, attach a copy of a document which gives details.

Type of payment	Who pays it?	Amount received	Frequency of payment	Paid to:	
				You	Partner
		\$		<input type="checkbox"/>	<input type="checkbox"/>
		\$		<input type="checkbox"/>	<input type="checkbox"/>

**Vehicles****41 Do you (and/or your partner) own any motor vehicles, boats, caravans or trailers?**No ☐Yes ☐ ► Give details

Do NOT include a boat or caravan you live in, or any farming or business vehicles.

Make (e.g. Ford)	Model (e.g. Laser)	Year	Market value	Amount owing	Owned by:	
					You	Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Life insurance policies****42 Do you (and/or your partner) have an insurance policy that can be cashed in?**No ☐Yes ☐ ► Give details

Do NOT include details of insurance bonds or friendly society bonds in this question. You should have given details of these in Question 28.



For each policy, please attach a copy of the latest statement.

Name of insurance company	Policy number	Surrender value	Owned by:	
			You	Partner
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other assets****43 Do you (and/or your partner) have any other Assets which you have not already told us about?**No ☐Yes ☐ ► Give details

Include things like antiques or other collectables, gold bullion.

Description of asset	Current market value	Amount owing	Owned by:	
			You	Partner
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household contents****44 Do you wish to declare a net market value (resale value) for your household contents and personal effects?**No ☐ ► \$10,000 will be held as the value of your contents and personal effectsYes ☐ ► What is the net market value of your (and your partner's) household contents and personal effects?\$ 

Household contents include all usual furniture such as soft furnishings (e.g. curtains), electrical appliances other than fixtures such as stoves and built-in items. Personal effects include jewellery for personal use and hobby collections (e.g. stamps, coins).

The **net market value** of your household contents and personal effects is **what you would get if you sold** them on the open market (less any debt or encumbrances). It is not the replacement or insured value.

## Leaving your home

If you leave your home and do not receive income in respect of it, your pension will not be affected for up to:

- 12 months - if you have left your home temporarily; or
- 24 months - if you have been given an extension of time by DVA to acquire your home; or
- 2 years - while you receive care or provide care.

If you are in residential aged care and entered care before 1 January 2017, are paying an accommodation payment wholly or partially by periodic instalment, and renting out your former home, the value of your home and the rent received will not affect your pension.

If you leave your home because:

- it was sold; or
- it was lost or damaged (including by a disaster)

and you intend to acquire a new home, or repair the old home, you can continue to be considered a homeowner for up to 12 months.

In these situations, the sale or insurance/compensation proceeds that you intend to use to acquire the home are also disregarded from the assets test for up to 12 months. The time period can be extended for up to an additional 12 months, if you are experiencing delays in acquiring your home.

### 45 Have you sold your home within the last 2 years?

No ☐

Yes ☐

▶ Do you intend to use part or all of the home sale proceeds to buy or build a new home?

No ☐

Yes ☐



Please attach documents providing details of the home sale (such as a solicitor's settlement letter).

### 46 Do you own your own home but you and/or your partner live somewhere else?

No ☐

Yes ☐

▶ Go to question 51

### 47 Who has left your home?

You ☐

Your partner ☐

You and your partner ☐

### 48 Have you and/or your partner left your home:

Temporarily ☐

▶ When do you and/or your partner expect to return to your home?

Is the temporary absence because your home was lost or damaged?

No ☐

Yes ☐

▶ You may be contacted by DVA to request further details

Permanently ☐

### 49 Is the home you left:

☐ Occupied rent free

☐ Occupied by you or your partner

☐ Occupied by carer of other family member(s) (e.g. dependent child)

☐ Left vacant

☐ Let ▶

How much rent do you receive?

What date was the property let?

 /  / 

What is the balance of the mortgage owing (if any)?

 \$

What is the interest payable on the mortgage?

 %

Is the rental money being used to pay for accommodation charges for you and/or your partner in an aged care facility?

No ☐

Yes ☐



Please attach mortgage contract or other document showing the balance of the mortgage, tax returns (if you have them) and a list of the expenses involved in letting the property (e.g. rates, agent's fees, taxes, repairs, insurance).

☐ Other—please specify



**50 Have you (and/or your partner) moved in with someone to provide care or to be cared for?**

No ☐ ▶ Go to question **51**

Yes ☐ ▶ Provide care ☐ ▶ Name of the person cared for

Be cared for ☐ ▶ Name of the care provider

Date you and/or your partner moved in to provide care/be cared for?

 /  / 

How long will you and/or your partner be staying?

Long term or permanently ☐

Short term or for respite care ☐ ▶ When do you and/or your partner expect to leave?

 /  / 


Please attach evidence of the need for a substantial level of care (such as a doctor's certificate).

### Maintenance paid to a former partner

**51 Do you (and/or your partner) pay maintenance to a former partner?**

**Do NOT include maintenance paid for any children.**

No ☐

You pay

Partner pays

Yes ☐ ▶ How much per fortnight

\$

\$



Attach a copy of the deed or court agreement, or other document which shows it is legally enforceable if not provided previously.

### Real estate details

**52 If you own the home you live in (this includes paying it off), does it stand on a property larger than 2 hectares (5 acres)?**

No ☐

Yes ☐ ▶



Please complete and attach a **Farm/Hobby Farm** form (**D0526**), then go to Question **53**.

**53 Please tick the box which describes the use of your property.**

PRIVATE AND

DOMESTIC PURPOSES

☐ ▶


If the property is on more than one title, please complete and attach a **Real Estate** form (**D0524**) for each title other than the title of your principal home.

COMMERCIAL USE

☐ ▶


Please complete and attach a **Farm/Hobby Farm** form (**D0526**).

**54 Do you (and/or your partner) own or have an interest in any real estate in Australia or overseas?**

Do NOT include:

- your home
- real estate owned or held by a business, private company or private trust – you will be asked about these in a later question.

No ☐

Yes ☐ ▶



Please complete and attach a **Real Estate** form (**D0524**) for each property. In this form, you are asked to provide a number of other documents such as a copy of your last income tax return.

**Compensation and damages**

**55 Have you (and/or your partner) received or are you receiving compensation in relation to service with the Australian Defence Force?**

No ☐

Yes ☐ ▶ Type of payment

This includes compensation under the Safety, Rehabilitation and Compensation Act 1988 (SRCA), Defence Act 1903 and the Military Rehabilitation and Compensation Act 2004 (MRCA).

**56 Have you (and/or your partner) received or are you receiving or able to claim any other compensation, insurance or damages as a result of injury, illness or accident?**

No ☐

Yes ☐ ▶



Please complete and attach a **Compensation** form (**D0541**) for each injury, illness or accident.

This includes salary continuance, income protection payments and Dust Diseases Board payments. Claim may be for:

- accident at work;
- work related illness;
- motor vehicle accident; or
- public liability.

**Private company/private trust/business**

**57 Are you or have you (and/or your partner) been involved in a private trust?**

No ☐

Yes ☐ ▶



If you have not already provided this information, please complete and attach the **Private Trust** form (**D0601**). If you do not have this form or you require additional forms, contact DVA.

You may be, or have been a trustee, an appointor or a beneficiary.

You may have: made a loan to a private trust, made a gift of cash, assets or property to a private trust in the last 5 years, relinquished control of a private trust since 1 January 2002, a private annuity, a life interest, or an interest in a deceased estate.

Have you or your partner ever contributed to a Special Disability Trust?

No ☐

Yes ☐ ▶



Please complete and attach the **Special Disability Trust** form (**D9059**). A separate form must be used for each trust. If you do not have this form or you require additional forms, contact your nearest DVA office.

**58 Are you or have you (and/or your partner) been involved in a private company?**

No ☐

Yes ☐ ▶



If you have not already provided this information, please complete and attach the **Private Company** form (**D0600**). A separate form must be used for each company. If you do not have this form or you require additional forms, contact DVA.

You may be, or have been a director or a shareholder.

You may have made a loan to a private company, transferred shares in a private company since 1 January 2002, or made a gift of cash, assets or property to a private company in the last 5 years.

**59 Are you (and/or your partner) involved in any other type of business (this includes a farm)?**

No ☐

Yes ☐ ▶



Please complete and attach the **Details of Business** form (**D0525**) or the **Farm / Hobby Farm** form (**D0526**). A separate form must be used for each business. In these forms, you are asked to provide a number of other documents such as a copy of your last income tax return. If you do not have this form or you require additional forms, contact DVA.

As a:

- sole trader;
- partnership; or
- subcontractor.

## SECTION F

## Attachment checklist

Where requested attach documents as evidence of your answers to some of the questions. If you do not have a form that you need, contact your nearest DVA or VAN office. Use this checklist to make sure you have attached all the relevant documents.

- Page 1 ▶ ☐ If you would like to appoint someone to act on your behalf when dealing with DVA in the future, please complete the **Appointing a third party to represent a DVA client form (D9325)**. Note, in the case of involuntary representation where the client can no longer manage their own affairs, the appropriate supporting documentation indicated on the form will need to be provided.
- Question **18** ▶ ☐ A copy of the entry agreement
- 19** ▶ ☐ A copy of the accommodation agreement
- 20** ▶ ☐ A copy of the Accommodation Bond or Accommodation Charge Agreement
- 22** ▶ ☐ A copy of the latest lease or tenancy agreement
- 23** ▶ ☐ A copy of the latest lease or tenancy agreement
- 25** ▶ ☐ For money held in a church or charity account, a statement or document
- 27** ▶ ☐ Latest statement or schedule detailing your share holdings
- 30** ▶ ☐ Managed investment certificates or similar documents
- 31** ▶ ☐ Latest statements for superannuation fund investments
- 32** ▶ ☐ Latest statement of benefits document from the paying authority
- 33** ▶ ☐ Latest 'income stream schedule' for each income stream product
- 34** ▶ ☐ Tax returns and member's statements for SMSF and SAF funds; latest 'income stream schedule' for each income stream product; and latest council rates notices for real estate held by those funds
- 36** ▶ ☐ Documents with details of investments
- 37** ▶ ☐ Latest tax return and pay-slip
- 38** ▶ ☐ Documents with latest details of overseas agency payments
- 40** ▶ ☐ Documents with details of other payments
- 42** ▶ ☐ Copy of latest statement
- 45** ▶ ☐ Documents providing details of the home sale
- 49** ▶ ☐ Mortgage contract, tax returns and list of letting expenses
- 50** ▶ ☐ Evidence of the need for a substantial level of care
- 51** ▶ ☐ Deed, court agreement or other document
- 52** ▶ ☐ Attach **Farm/Hobby Farm form (D0526)**
- 53** ▶ ☐ Attach **Real Estate form (D0524)** or **Farm/Hobby Farm form (D0526)**
- 54** ▶ ☐ Attach **Real Estate form (D0524)**
- 56** ▶ ☐ Attach **Compensation form (D0541)**
- 57** ▶ ☐ Attach **Private Trust form (D0601)** and **Special Disability Trust form (D9059)**
- 58** ▶ ☐ **Private Company form (D0600)**
- 59** ▶ ☐ **Business Details form (D0525)** and **Farm/Hobby Farm form (D0526)**

## SECTION G

## Statement

Statement

This statement must be signed by you or your legal representative. If you have a partner, your partner or your partner's legal representative must also sign the statement.

I declare that the information I have given is correct and that all documents required are attached.

I understand that there are penalties for deliberately giving false or misleading information. I authorise the Department to make any enquiries needed to assess my continuing eligibility for a pension or income support supplement.

**SIGNATURE (YOU OR YOUR LEGAL REPRESENTATIVE)**



Date

/ /

**SIGNATURE (PARTNER OR PARTNER'S LEGAL REPRESENTATIVE)**



Date

/ /

**Please sign  
before sending  
in the form**

# How to contact DVA

For information, please call the Department of  
Veterans' Affairs (from anywhere in Australia) on:

**1800 VETERAN (1800 838 372)**

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD	GPO Box 9998 Brisbane QLD 4001
South Australia	WestpacHouse 91 King William Street Adelaide SA	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	Gnabra Building 21 Genge Street Canberra ACT 2601	GPO Box 9998 Brisbane QLD 4001