



**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](#)

The information collected on this form is required to determine which forms need to be completed to claim a service pension or income support supplement. This form may also be an initial claim for income support provided the proper claim is lodged within 3 months of being notified of this.

All questions must be answered in respect of the person claiming and also their partner if applicable. Please write in BLOCK LETTERS using a blue or black pen (not pencil).

**Office Use Only**

Tick box to issue

**Claimant Details**

**1. Name**

**2. Address**   
 Postcode

**3. Telephone number** (  )

**4. Date of birth**  /  /

**Representative Details** (complete only if the enquirer is not the person making the claim)

**5. Name**

**6. Address**   
 Postcode

**7. Telephone number** (  )

**8. Does the claimant want a representative to act on their behalf in all future dealings with DVA?** No  Yes  Please specify  
 Power of Attorney  Trustee   
 Agent

If yes:  
 D2505 (Trustee)  
 D2693 (Agent)  
 Factsheet LEG01a

**Veteran Service Details**

**9. Service number**

**10. Country of enlistment**

**11. Country of forces served in**

VIEW - QS recorded?  
 No  Yes  
 D0502 (Partner/Wid)  
 D0506 (Aust Vet)  
 D0507 (Com/Allied)  
 D0508 (Mariner)  
 D0509 (Darwin)  
 D0510 (Yug)  
 Q2 (Viet Forces)

**Claim Details**

**12. What type of income support is being claimed?**  
 SP  Partner SP  ISS

D0503, D0503/4B, D648 (SP)  
 D0503/4B, D504, D648 (PSP)  
 D0529, D0529B, D648 (ISS)  
 Factsheet IS02 (SP)  
 Factsheet IS04 (ISS)

**13. Is the claim based on invalidity?** No  Yes  Is the claimant  
 T&PI?  Blind?

If neither:  
 D0569 (SP)  
 D0571 (ISS)

**14. Relationship status**  
 Partnered - married, de facto or registered relationship  
 Partner's name  Partner's date of birth   
 Legally married but separated (i.e. for reasons other than ill health)  Single

If separated:  
 D0513

**15. Has the claimant registered for the Pension Bonus Scheme?** No  Yes  **Note: Registrations for PBS cannot be accepted after 30 June 2014.**

If registered:  
 D0559 (Claim)

**16. Has the partner registered for the Pension Bonus Scheme?** No  Yes

If registered:  
 D0559 (Claim)

Name

DVA File Number (if known)

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Claim Details continued..		Partner		
Claimant		Partner		
<b>17. Does the claimant and/or partner have a Tax File Number?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If no: <input type="checkbox"/> ATO NAT 1432 <input type="checkbox"/> Claimant <input type="checkbox"/> Partner	
<b>18. Does the claimant and/or partner currently receive any income from work?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0518 (Employment) <input type="checkbox"/> Claimant <input type="checkbox"/> Partner	
<b>19. Is the claimant and/or partner planning to retire soon?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0531 (Retirement Ben) <input type="checkbox"/> Claimant <input type="checkbox"/> Partner	
<b>20. In the last 12 months, has the claimant and/or partner stopped working for any employers?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0531 (Retirement Ben) <input type="checkbox"/> Claimant <input type="checkbox"/> Partner	
<b>21. If the claimant and/or partner owns the home they live in (this includes paying it off) does it stand on a block larger than 2 hectares (5 acres)?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0526 (Farm/Hobby)	
<b>22. Does the claimant and/or partner own or have any interest in any real estate in Australia or overseas other than the home they live in?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0524 (Real Estate)	
<b>23. Has the claimant and/or partner received or are they receiving or able to claim compensation, insurance or damages as a result of injury, illness or accident? (e.g. dealings with Dust Diseases Board)</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0541 (Compensation) <input type="checkbox"/> Factsheet IS 101	
<b>24. Is the claimant and/or partner involved or have they been involved in a private trust?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	If yes: <input type="checkbox"/> D0601 (Private Trust) <input type="checkbox"/> D0633 (Real Estate) <input type="checkbox"/> Factsheet IS 155 (Private Trust) <input type="checkbox"/> Factsheet IS 158	
<b>25. Has the claimant and/or partner ever contributed to a Special Disability Trust?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	If yes: <input type="checkbox"/> D9050 (Special Disability Trust) <input type="checkbox"/> Factsheet IS 163	
<b>26. Is the claimant and/or partner involved or have they been involved in a private company?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► How many? <input type="text"/>	If yes: <input type="checkbox"/> D0600 (Private Companies) <input type="checkbox"/> D0633 (Real Estate) <input type="checkbox"/> Factsheet IS 156 (Private Companies) <input type="checkbox"/> Factsheet IS 158	
<b>27. Is the claimant and/or partner involved in any other type of business?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► A farm? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► A farm? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="checkbox"/> D0525 (Business) <input type="checkbox"/> D0526 (Farm) <input type="checkbox"/> Factsheet IS 105 (Business) <input type="checkbox"/> Factsheet IS 104 (Farm)	

**Initial Claim (Where claimant is handed claim forms by an agent of DVA)**

I wish to apply for an income support pension and acknowledge receipt of the claim forms for completion. I understand that the completed claim forms, together with any documentation, should be lodged with DVA or a VAN office within 3 months from today's date to ensure that any pension payable can be granted from the earliest possible date. I understand that if the claim is not received within 3 months, the earliest date of grant can only be the date of lodgement.

CLAIMANT SIGNATURE   Date

Telephone call date

Signature

**Forms Issue (To be completed by person issuing forms)**

Proper claim should be lodged by

Name  Date

Markout

Has the claimant been notified? No  Yes