



Fines Hardship Review Board

Statement of Financial Circumstances

To provide current financial information in support of your application to the Fines Hardship Review Board.

Note:

- Providing a false or deliberately misleading statement may lead to a prosecution under Section 307A of the *Crimes Act 1900*
- Print clearly in the boxed spaces and tick the appropriate boxes
- Please send your completed form to the Fines Hardship Review Board, PO Box A2571, Sydney South NSW 1235

Your details

Full name

Former names (if any)

Current address Street no. Street name

Suburb State Postcode

Previous addresses (if you have moved in the last five years)
 State Postcode

State Postcode

Date of birth / /
DD MM YYYY

Licence no. Expiry date / / 20
DD MM YY

Phone no. () Mobile no.

Email

Occupation

Employer's name

Employer's address

Employer's ABN Phone no. ()

If self-employed, trading name ABN

Self employed persons must provide an operating statement for the last full quarter showing business income and expenditure, including wages or salary

I support myself and dependants. My partner's full name is

Income (Fortnightly)

| | |
|-------------------------------------|----|
| You | |
| Net wage/salary (after tax) | \$ |
| Social security | \$ |
| Family allowance | \$ |
| Other income | \$ |
| Your partner (if applicable) | |
| Net wage/salary (after tax) | \$ |
| Social security | \$ |
| Family allowance | \$ |
| Other income | \$ |
| TOTAL INCOME | \$ |

Note: Please provide a copy of all pay slips, current Centrelink statements and proof of any other income for yourself and your partner.
 Make sure you provide details of all your regular expenses.
 Include the total of your fortnightly repayments on loans and other debts from the liabilities column below.

Expenditure (Fortnightly)

| | |
|---|----|
| Mortgage repayments | \$ |
| Rent or board | \$ |
| Food/groceries | \$ |
| Electricity/gas | \$ |
| Phone | \$ |
| Rates (council and water) | \$ |
| Fares/fuel | \$ |
| Motor vehicle expenses | \$ |
| Insurance | \$ |
| Superannuation | \$ |
| Health fund contributions | \$ |
| Medical expenses | \$ |
| Loan/credit card/debt repayments* (see below) | \$ |
| School expenses | \$ |
| Other expenses (please describe): | \$ |
| TOTAL EXPENDITURE | \$ |

Assets (What you own)

| Details | Market value |
|------------------------------------|--------------|
| House and land (primary residence) | \$ |
| Other real estate Address: | \$ |
| Motor vehicle Make/Model: | \$ |
| 2nd motor vehicle Make/Model: | \$ |
| Caravan/trailer Make/Model: | \$ |
| Boats Make/Model: | \$ |
| Household furniture | \$ |
| Electrical goods | \$ |
| Shares or investments Details: | \$ |
| Other assets, specify: | \$ |
| TOTAL ASSETS | \$ |

Liabilities (What you owe)

| Details | Balance | Fortnightly repayments |
|--|---------|------------------------|
| Mortgage/home loan Lender: | \$ | \$ |
| Car loan/lease Lender: | \$ | \$ |
| Personal/other loan Lender: | \$ | \$ |
| Credit card Lender: | \$ | \$ |
| 2nd credit card Lender: | \$ | \$ |
| 3rd credit card Lender: | \$ | \$ |
| Store card Lender: | \$ | \$ |
| Centrelink loan | \$ | \$ |
| Phone/gas/power debts (in addition to regular bills) | \$ | \$ |
| Other debts, specify: | \$ | \$ |
| TOTAL LIABILITIES* | \$ | *\$ |

*Copy total fortnightly repayments to expenditure column above

Bank, building society or credit union account details

| Institution | Branch | BSB no. | Account no. | Account type | Balance |
|-------------|--------|---------|-------------|--------------|---------|
| | | | | | \$ |
| | | | | | \$ |

Any additional information (attach extra pages if necessary)

My overdue fine numbers are

How much you can afford to pay towards your outstanding overdue fines (tick one if not fortnightly)

\$ per fortnight or per week or per month

Applicant's name

Signature Date / /20

Checklist

- Signed the form
- Given your full name, address and contact details
- Listed your phone and mobile numbers
- Supplied your bank details
- Attached copies of your payslips, Centrelink statements or other income details
- Provided your employment details

Given details of your:

- Income
- Expenditure
- Assets
- Liabilities

Fines Hardship Review Board contact details

Phone: (02) 6354 7116
(Mon-Fri, 9:00 am to 5:00 pm)

Postal correspondence only:
Fines Hardship Review Board
PO Box A2571
Sydney South NSW 1235

Email correspondence:
fineshrb@osr.nsw.gov.au

Website:
www.hrb.osr.nsw.gov.au

Privacy statement

The information in this form is required by the Fines Hardship Review Board to determine your financial circumstances. The information may be provided to third parties with your consent or as required or permitted by law. You may correct or update personal information by contacting the FHRB.