



Veteran Payment Details

This form should be completed if you have lodged a claim for acceptance of a mental health condition as service related under the MRCA or DRCA and are medically unable to work more than 8 hours per week and you require financial assistance.

Veteran Payment provides financial assistance while your claim for a mental health condition is being considered.

About You

1. Surname

2. Given name(s)

3. Residential address

POSTCODE

4. Do you wish to be paid Veteran Payment?
 No - **Do not complete** this form
 Yes

5. Contact number

Please note: if this application has been completed by an advocate or representative please be aware the veteran may be contacted directly to confirm details.

6. Are you unable to work more than 8 hours per week due to your medical conditions?
 No - **You are not eligible** for Veteran Payment - **Do not complete** this form
 Yes

Please provide a medical certificate as evidence of your incapacity for work. You must provide this evidence within **4 weeks** of submitting this form.

7. What is your Tax File Number?

8. Do you receive a payment from Centrelink?
 Please note: you will lose your Health Care Card or Pensioner Concession Card on transfer to Veteran Payment
 No Yes Customer Reference Number (CRN)

9. What is your current relationship status?
 Single - go to **Question 20**
 Married and currently living together
 Living in a marriage-like relationship

Family Details

10. Your partner's surname

11. Your partner's given name(s)

12. Partner's gender Male Female Other

13. Partner's date of birth

14. What is your partner's Tax File Number?

15. Does your Partner wish to be paid Veteran Payment?
 No - Go to **Question 20** Yes

16. Is your partner:
 An Australian citizen?
 The holder of a permanent visa?
 The holder of a special purpose visa?
 The holder of a special category visa?

If your partner holds a permanent or special purpose/category visa, attach a copy of the relevant documents.

17. Does your Partner receive a payment from Centrelink?
 No Yes Customer Reference Number (CRN)

18. Give details of the account your partner wants their payment made to

Payments must be made to an account held in your partner's name. A joint account is acceptable


Name of bank, building society or credit union

Branch number (BSB)

Account number (this is not always the number printed on your card)

Account held in the name(s) of

19. Your partner's proof of identity

 You must provide at least three proof of identity documents for your partner before Veteran Payment can be granted.
See www.dva.gov.au/poi for the types of documents that can be provided.

20. Do you (and/or your partner) have any dependent children under 16 years of age who are in your day to day care?

No ► - Go to **Question 21**

Yes ► Youngest child's full name

Date of birth

 / /

Male Female

Living Arrangements

21. Which of the following best describes where you live?

In a home you (and/or your partner) own

In private rental accommodation

How much rent do you pay? \$ per

Other - please describe

Income and Assets

22. What is the total value of your (and/or your partner's) financial assets?

Financial assets include:

- money in bank, building society and credit union accounts
- cash holdings
- shares and other securities
- bonds and debentures
- money you have loaned
- managed investments

23. What is the total value of your (and/or your partner's) other assets?

Other assets include:

- real estate property (not including your home)
- a company, trust or business
- vehicles
- life insurance policies
- valuable or collectible items

24. What is the total of your (and/or your partner's) income other than from financial assets?

\$ per fortnight

Includes GROSS income (unless noted) from:

- employment
- superannuation pensions
- foreign income
- rental income, boarders and lodgers (Net income after expenses)
- business income (Net income after expenses)
- annuities and other income streams
- any other income you have not included elsewhere on this form
- **DO NOT include any payments you currently receive from Centrelink or the Department of Veterans' Affairs**

Declaration

By completing this section:

I declare that the information I have given is correct.

I understand that there are penalties for deliberately giving false or misleading information.

I authorise Australian Government Departments or agencies (including Centrelink and the Australian Tax Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to determine my eligibility for veteran payment.

25. Your name

26. Date

27. Your partner's name

28. Date

29. If this form has been completed by a representative please provide their name and title

Name

Title