

**PRIVATE AND CONFIDENTIAL**

**INCOME AND EXPENDITURE STATEMENT**

**Surname** \_\_\_\_\_ **Given name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Relationship status** \_\_\_\_\_

**Occupation/Specialisation** \_\_\_\_\_

**Preferred telephone contact** \_\_\_\_\_

**Preferred Email** \_\_\_\_\_

**Who else lives in your household?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME:**

**Your Income**

**Your Partner's Income**

Salary (net) \_\_\_\_\_

\_\_\_\_\_

Centrelink \_\_\_\_\_

\_\_\_\_\_

Child support \_\_\_\_\_

\_\_\_\_\_

Any other income \_\_\_\_\_

\_\_\_\_\_

**ASSETS:**

Property \_\_\_\_\_

Shares \_\_\_\_\_

Bank Accounts \_\_\_\_\_

Vehicles \_\_\_\_\_

Home Contents \_\_\_\_\_

**EXPENDITURE:**

	How much do you pay?	Who do you pay?	How do you pay? (Bpay/eft)
Mortgage			
Rent			
Water Rates			
Council Rates			
Electricity			
Gas			
Telephone/internet			
Health Fund			
Home & Contents Insurance			
Indemnity Insurance			
Income protection			
CTP Insurance			
Car Registration			
Credit Card (s)			
Food/Household			
Other (eg medical/ pharmacy)			

**DECLARATION:**

The facts and figures presented in this statement are accurate and form, to the best of my knowledge a true representation of financial position:

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Please return completed form to:

Ms. Ida Chan

Social Worker

Medical Benevolent Association of NSW

Mail: Level 6, 69 Christie St, St Leonards 2065

Email: [ida.chan@mbansw.org.au](mailto:ida.chan@mbansw.org.au)

*'By completing and returning this form I consent to the collection, use and disclosure of my personal information in accordance with Medical Benevolent Association NSW's Privacy Policy. A copy of the Policy is available on our website [www.mbansw.org.au](http://www.mbansw.org.au) or by telephone request'.*