

## INCOME SELF DECLARATION FORM



Name: .....

Address: .....

### 1) INCOME LEVEL

Please select the income level or category that best describes you:

Category/Income Level	Income Range	Tick Below	Fee level that applies:
<b>Pension</b>	N/A	<input type="checkbox"/>	
<b>Health Care Card</b>	N/A	<input type="checkbox"/>	
<b>Low Income</b>	<b>Single:</b> Before tax income <b>less</b> than \$640.00 <b>per week</b>	<input type="checkbox"/>	\$8.50
	<b>Couple:</b> Before tax income <b>less</b> than \$1040.00 <b>per week</b>	<input type="checkbox"/>	
	<b>Family</b> (with one child): Before tax income <b>less</b> than \$1145.00 <b>per week</b> (plus \$105.00 per week for each additional child)	<input type="checkbox"/>	
<b>Medium Income</b>	<b>Single:</b> Before tax income <b>more</b> than \$640.00 but <b>less</b> than \$1370.00 <b>per week</b>	<input type="checkbox"/>	\$13.00
	<b>Couple:</b> Before tax income <b>more</b> than \$1040.00 but <b>less</b> than \$1835.00 <b>per week</b>	<input type="checkbox"/>	
	<b>Family</b> (with one child): Before tax income <b>more</b> than \$1145.00 but <b>less</b> than \$1930.00 <b>per week</b> (plus \$105.00 per week for each additional child)	<input type="checkbox"/>	
<b>High Income</b>	<b>Single:</b> Before tax income of <b>more</b> than \$1370.00 <b>per week</b>	<input type="checkbox"/>	\$43.00
	<b>Couple:</b> Before tax income of <b>more</b> than \$1835.00 <b>per week</b>	<input type="checkbox"/>	
	<b>Family</b> (with one child): Before tax income of <b>more</b> than \$11930.00 <b>per week</b> (plus \$105.00 per week for each additional child)	<input type="checkbox"/>	

**2) Do you have any other costs that make it difficult for you to pay the fee for your income level?**

- Yes  No

**If Yes, are these costs short-term, or ongoing?**

- Short-term  Ongoing

Signature: .....

Date: .....