

**GENERAL DIVISION**

**Request for Fee Waiver**

#### Use this form if you want TASCAT to reduce or waive (not charge) fees for an appeal or application relating to your case.

**IMPORTANT INFORMATION ABOUT FEE WAIVERS**

1. Before filling out this form, read the information on reduced fees and fee waivers in *Practice Direction 1 at 1.4* and Information Sheet 2 at 1.3.
2. The fee waiver request form should be given to the Tribunal at the same time as your application.
3. If your request for fee waiver is not approved, you will need to pay the fee.

# YOUR DETAILS

|  |  |  |
| --- | --- | --- |
| **File No:** |  | (if known) |
|  |  |  |
| **Full Name** |  |
|  |  |  |
| **Address** |  |
|  |  |  |
| **Daytime Phone:** |  |
|  |  |  |
| **Email Address** |  |

1. **REASON FOR APPLYING FOR A FEE WAIVER**

A Registrar may waive a fee in full, or reduce the amount you have to pay, if satisfied that paying the fee will cause you financial hardship.

**APPLYING DUE TO FINANCIAL HARDSHIP**

You need to provide details of your financial position to show why you say paying the fee would cause you financial hardship.

#### Explain how paying TASCAT fees will cause you financial hardship?

|  |
| --- |
|  |

**YOUR FINANCIAL DETAILS**

Attach copies of documents to support the information you provide in the table below. For example, your latest payslip, bank statements, rental agreement.

Please note:  any information you provide in support of this application must be true and correct.  It is an offence under Section 104(4)(e) of the TASCAT Act 2020 to give evidence to the Tribunal that is false and misleading.

**Dependents**

How many people rely on you for financial support?

|  |  |
| --- | --- |
| Pay after tax | $ |
| Pension or Centrelink payment | $ |
| Financial support you receive for your children or other dependents *(eg. from a former or current partner)* | $ |
| Other income *(eg. workers compensation, interest, superannuation payments, rent or board paid to you)* | $ |
| **Total income** | **$** |

**Fortnightly expenses** How much is your cost of living every two weeks ?

|  |  |
| --- | --- |
| Rent or board | $ |
| Mortgage repayments | $ |
| Credit card and other loan repayments | $ |
| Utilities *(eg. water, gas, electricity, telephone and data)* | $ |
| Food | $ |
| Travel and motor vehicle costs | $ |
| Other expenses *(eg. health care, child care, insurance)* | $ |
| **Total expenses** | **$** |

**Assets** Things that you own or partly own

|  |  |
| --- | --- |
| House and land (market value) | $ |
| Car or other motor vehicle (market value) | $ |
| Other assets *(eg. money owed to you, shares, superannuation or trust funds)* | $ |
| **Total assets** | **$** |

####  Bank account details

**0.00**

**Fortnightly income** How much do you receive after tax every two weeks ?

**0.00**

**0.00**

**0.00**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Current bank or credit union balances (total for all accounts). Provide copies of last statement for each account. | $ |
| **Total balances** | **$** |

**Debts**

|  |  |
| --- | --- |
| Amount owing on your mortgage | $ |
| Amount owing on other loans | $ |
| Credit cards – Total amount owing | $ |
| Credit cards – Total limit | $ |
| Other debts *(eg. amount owed to businesses or individuals)*Tell us about each debt. Attach information about each debt | $ |
| **Total debts** | **$** |

Tick if correct:

**0.00**

#### I have attached copies of documents to support all of the information provided above

1. **SIGNATURE AND DATE**

You must complete this section*.* Tick if correct:

#### I confirm that the above information is true and correct

**Name Signature**

**Date**

**TO LODGE YOUR REQUEST**

Your fee waiver request form should be given to the Tribunal at the same time as your application.

## For more information on TASCAT

**Telephone:** 1800 657 500

**Website:** [www.tascat.tas.gov.au](http://www.tascat.tas.gov.au)

## OFFICE USE ONLY

### Waived in full

Waived in part. Applicant to pay $ Refused

Reasons: Notification: Applicant advised