

When to use this form

You need to complete this form because the person you provided an assurance of support for (your assuree) has applied for an Assurance of Support Scheme recoverable income support payment with Services Australia. This form is used to obtain up to date financial information to assess your capability and willingness to fulfil your obligations as an assurer so that we can make a decision whether to grant payment to your assuree and make sure if we do, it is paid at the correct rate.

Important information



The assurance of support is your commitment as the assurer to provide adequate support to the assuree(s) who migrated to Australia, so that the assuree(s) would not have to rely on payments from Services Australia.

The assurance of support covers all of the applicants in the visa application.

You made a legal commitment to repay any recoverable Services Australia income support payments made to the people covered by the Assurance of Support Scheme while the assurance of support is in force. If the recoverable income support payment is granted to your assuree, you will be liable to repay the payments made to your assuree during the assurance of support period. If you die, your estate will be liable for repayments.

Assurance of Support Scheme recoverable income support payments currently are:

- Austudy Payment
- Crisis Payment
- JobSeeker Payment
- Parenting Payment (Partnered)
- Parenting Payment (Single)
- Special Benefit
- Youth Allowance.

New payments may be added to this list in the future and you may also be liable to repay them.

For more information



Go to servicesaustralia.gov.au/assurance or visit one of our service centres.

Call us on **132 850**.

To speak to us in your language, call **131 202**.

Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service Freecall™ 1800 810 586**. A TTY phone is required to use this service.

About the information you give

The authority to request this information is contained in the *Social Security (Administration) Act 1999*.

This notice is given under section 196 of the *Social Security (Administration) Act 1999*.

Your answers to these questions may be supplied to the person named if requested under the *Freedom of Information Act 1982* (FOI Act) unless their release may be to your detriment. This does not guarantee that the information would be withheld from the person but your reasons will be taken into account if a request is made under the FOI Act.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

Details about the assuree who you provided an assurance of support

1 Their Customer Reference Number (if known)

 - - -

2 Their family name

Their first name

Their second given name

3 Their date of birth

 / /

About you

4 Your Customer Reference Number (if known)

 - - -

5 Your family name

Your first given name

Your second given name

6 Your date of birth

 / /

7 Your permanent address

 Postcode

8 Your postal address (if different to question 7)

 Postcode

9 Your contact phone number

10 Are you employed?

No **Go to next question**

Yes **Give details below**

Your weekly earnings before tax

 \$ per week

Name of employer

Address of employer

 Postcode

11 Do you receive income from property (rented or leased)?

No **Go to 13**

Yes **Gross weekly rent**

 \$ per week

12 Is the property mortgaged?

No **Go to next question**

Yes **Give details below**

Amount owing

 \$

Interest rate

 %

13 Do you receive, or have you recently applied for, a payment from us or any other government department?

No **Go to next question**

Yes **Give details below**

Type of payment

Amount per fortnight

 \$ per fortnight

CLK0Mod(AR) 2201

14 Do you receive, or are you entitled to receive, any income from any other source?

Include:

- casual work
- managed investments.

Do not include funding from the National Disability Insurance Scheme (NDIS).

No Go to next question

Yes Give details below

1 Source of income

Weekly amount before tax \$ per week

2 Source of income

Weekly amount before tax \$ per week

3 Source of income

Weekly amount before tax \$ per week

4 Source of income

Weekly amount before tax \$ per week

If you need more space, provide a separate sheet with details.

15 Give details of all your bank/building society/credit union accounts

1 Name of financial institution

Balance of this account \$

2 Name of financial institution

Balance of this account \$

3 Name of financial institution

Balance of this account \$

4 Name of financial institution

Balance of this account \$

If you need more space, provide a separate sheet with details.

16 Are you giving financial or any other form of assistance to the person you signed an assurance of support for?

No Go to next question

Yes Give details below about the type and amount of assistance given

▶ Go to 19

17 Are you willing to provide assistance and support to the person you signed an assurance of support for?

No Go to next question

Yes Give details below about the type and amount of assistance you are willing to provide

▶ Go to 19

18 Give details below why you are not willing to provide assistance and support.

If you are not able or not willing to provide adequate support to your assuree, payment may be granted to your assuree and you will be liable to repay all payments made to your assuree during the assurance of support period.

Privacy notice

19 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

20 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- Centrelink can make relevant enquires to make sure I receive the correct information.
- giving false or misleading information is a serious offence.

Your signature



Date

/ /

Next steps

- 1 Check that you have answered all the questions that you need to.
- 2 Provide all requested information.
- 3 Check you have signed and dated this form.
- 4 Return this form online or to one of our service centres **within 14 days**.
If you cannot return this form **within 14 days**, contact us for extra time.

Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- in person at one of our service centres.