

Greek Orthodox Archdiocese of Australia

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**FINANCIAL QUESTIONNAIRE FORM 2021**

**Concession Not Guaranteed**

The sole purpose of the Financial Questionnaire is for families to clearly and honestly outline their current financial position to substantiate their request, for possible assistance, in the short term. For the College to consider the request, it requires the Financial Questionnaire to be completed in full and submitted with all the accompanied documentation.

1. Bank Statements (Last Six [6] months).
2. Rental income (Australia and overseas).
3. Rent receipts.
4. Credit Card Statements.
5. All Utility Bills.
6. Phone Accounts.
7. Wage Slips (Three [3] most recent).
8. Government Documents (Eg.: Centrelink Income Statement, Family Allowance, Austudy, etc...).
9. Private Health Fund payment records.

|  |  |
| --- | --- |
| Office Use Only |  |
| Meeting Date: |  |
| Meeting Time: |  |
| Approved By: |  |
| Approved Date: |  |
| Comments: |  |

***PERSONAL INFORMATION***

|  |  |  |  |
| --- | --- | --- | --- |
| Title: Dr Mr Mrs Ms. Miss | | | |
| First Name: | | Surname: | |
| Address: | | Postcode: | |
| Email | |  | |
| Telephone: | Home: | Mobile: | Work: |
| Driver’s License #: | | Date of Birth: | |
| Marital Status:  Married  Separated  Divorced  Widow/Widower | | | |
| No. Of Dependent Children: | | | |
| Children currently enrolled or to be enrolled at St Euphemia College: | | | |
| 1) Name: Year: | | | |
| 2) Name: Year: | | | |
| 3) Name: Year: | | | |
| 4) Name: Year: | | | |
| Reasons for seeking a Financial Review: | | | |

**FORTNIGHT FAMILY INCOME:**

|  |  |  |
| --- | --- | --- |
|  | **Main Income:** | **Spouse Income:** |
| Wage per Fortnight: | $ | $ |
| Is your work full-time or casual? | Full Time  Casual | Full Time  Casual |

* **Please attach three (3) most recent payslips.**

**OTHER INCOME:**

**Income:**

|  |  |  |
| --- | --- | --- |
|  | **Main Income:** | **Spouse Income:** |
| Government Allowance: | $ | $ |
| Family Payments: | $ | $ |
| Austudy/Abstudy: | $ | $ |
| Maintenance: | $ | $ |
| Rent or Board: | $ | $ |
| Interest Income: | $ | $ |
| Investment Income (Australia/Overseas): | $ | $ |
| Other Income (Including Benefits): | $ | $ |
| **Total Income (Including Wages)** | **$** | **$** |

* **Please attach up-to-date documentation to substantiate Centrelink, Government and all other income/payments and include the last six (6) months’ Bank Statements for all accounts.**

**FAMILY EXPENDITURE:**

|  |  |
| --- | --- |
|  | **Per Fortnight** |
| Mortgage/Rent: | **$** |
| All Car Loans, Investment Loans, Registration, Insurance and Running Costs: | **$** |
| Food and Clothing: | **$** |
| School Fees (Other School, Preschool and Day Care): | **$** |
| Utilities (Water, Gas, Electricity): | **$** |
| Telephone (Home and Mobile) including Internet: | **$** |
| Private Medical Fund Payments (Insurance): | **$** |
| Additional Medical Costs: | **$** |
| Other (Please specify): | **$** |
| **Total Expenditure** | **$** |

**STATEMENT OF ASSETS:**

|  |  |
| --- | --- |
| Do you own your home? Yes No | |
| What is the approximate value of your home? | $ |
| How much do you owe on your mortgage? | $ |

* **Please attach your most recent Mortgage Statement (last three months)**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list the motor vehicles you own: | | | |
| Make: | Model: | Year of Manufacture: | Date of Purchase: |
| Make: | Model: | Year of Manufacture: | Date of Purchase: |
| Make: | Model: | Year of Manufacture: | Date of Purchase: |
| Please provide details of other assets (e.g. Shares, Investment Property, Life Insurance, Children Savings Funds, Superannuation and miscellaneous investments): | | | |
| **Type of Investment** | | **Current Value** | |
|  | | **$** | |
|  | | **$** | |
|  | | **$** | |
| * **The Financial Questionnaire may be reviewed every six (6) months.** | | | |
|  | | | |
| Please provide an explanation of what change in your circumstances will take place for you to pay fees in the near future: | | | |
|  | | | |
|  | | | |
| **I declare that the information I have supplied on this form and on any other attachments is true and correct. I am aware that there are legal action for making false statements.** | | | |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_