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Registered Office:
Level 6, 69 Christie Street,
St Leonards, NSW, 2065
www.mbansw.org.au

Social Worker:
Phone: 02 9987 0504
Fax: 02 9987 2970

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)			

'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 or by telephone request'.

DECLARATION:

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

Signed: _____

Name: _____

Date: _____

Referred By: _____

Please return completed form to:

Meredith McVey,
MBANSW Social Worker

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

Fax: 99872970

Email: mcvey@mbansw.org.au