



APPLICATION – WAIVER OF APPLICATION FEE

This application is only to be used if you consider you do not have the financial capacity to pay the prescribed fee to commence an application in the Office of the Commissioner for Body Corporate and Community Management

Part A
Applicant's Information

Name.....
Address.....
Locality/Suburb..... State Postcode
Daytime Ph..... Home Ph..... Mobile.....
Fax..... Email Address.....
Scheme Name.....

Part B

The application for waiver of the application fee must include a certified copy of documentary evidence (ie concession card) to support your claim
(Please tick the appropriate box)

Individual with Concession Card
 Health care card (*Social Security Act 1991*)
 Pensioner concession card (*Social Security Act 1991*)
 Pensioner concession card (*Department of Veterans Affairs*)

Part C

Please refer to Attachment A

For approval for a fee to be waived you will need to show that your income, day-to-day living expenses, liabilities and assets are at such a level that payment of a fee would cause you hardship. Please complete and enclose Attachment A.

Part D

The basis of your application for waiver of fee
(Explain why you seek this waiver, in numbered paragraphs. If insufficient space attach separate A4 sheet under the heading "Part D")

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I believe the information given in this application to be true.

Signature of Applicant(s)..... Date / /
D D M M Y Y Y Y
..... Date / /
D D M M Y Y Y Y

Return completed application to:

Office of the Commissioner for Body Corporate and Community Management

Telephone: 1800 060 119 Facsimile: (07) 322 78023
Postal address: GPO Box 1049, Brisbane Qld 4001 Email address: bccm@justice.qld.gov.au
Location: Level 4, Brisbane Magistrates Court Building, 363 George Street, Brisbane Qld 4001

Please note: This fee waiver application only applies to applications under the *Body Corporate and Community Management Act 1997* (the BCCM Act). It does not apply to fees for copies of documents defined under the BCCM Act.

A Your income (convert all income to fortnightly figures)	Total
Salary/wages/pension income – after tax	\$
Interest	\$
Rent or board received	\$
Company profits	\$
Other income <i>(include any child support/spouse maintenance received etc)</i>	\$
Total for each fortnight	\$
B Your assets	
Your home	\$
Other real estate	\$
B1 – subtotal – value of assets	\$
Balance of all bank, credit union and building society accounts	\$
Shares	\$
Managed investments <i>(including superannuation funds you can draw on now)</i>	\$
Bonds	\$
Other liquid assets <i>(give details)</i>	\$
B2 – subtotal – value of liquid assets	\$
C Your liabilities (whole amount owing)	
Mortgages <i>(give details)</i>	\$
Credit cards <i>(give details)</i>	\$
Loans/leases <i>(give details)</i>	\$
Other <i>(specify and give details)</i>	\$
Total	\$
D Your day-to-day living expenses (for each fortnight)	
Food	\$
Mortgage/rent	\$
Gas, electricity, water, heating, telephone, rates, insurance	\$
Car/travel	\$
Superannuation	\$
Clothing, medical, and other personal expenses	\$
Children's expenses <i>(include child support, child care, school fees, children's clothing etc)</i>	\$
Other <i>(specify and give details)</i>	\$
Total	\$
E Other circumstances – describe any other circumstances which you can show would cause hardship if you were required to pay a fee. Attach extra pages if necessary.	
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The information being collected by the Office of the Commissioner for Body Corporate and Community Management ("the Commissioner's Office"), which may include personal information, is being collected for the purposes of the *Body Corporate and Community Management Act 1997*.

The Commissioner's Office forms a Division of the Department of Justice and Attorney-General ("the Department"). Information collected by the Commissioner's Office may be disclosed, without your consent, outside the Department where authorised or required by law.