



Financial Assistance Office | Equity Support Services | Student Administration & Support
Level 5, Jane Foss Russell Building G02, University of Sydney NSW 2006
Ph: + 61 2 8627 8419 Fax: + 61 2 8627 8482 Email: fao@stuserv.usyd.edu.au

Personal Details Student No.: Drivers Licence No.:
Surname: Given Names:
Semester Address: Postcode:
Telephone Number/s: Email:
Date of Birth: Place of Birth:

Citizenship Status Australian Citizen International Student Visa
Permanent Resident Special Category Visa

Background Non-English Speaking Background Disability
Isolated/Rural Background Aboriginal/Torres Strait Islander
Socio-economically Disadvantaged Nil

Contact Details of Parents Contact details of your parents, or another relative are required in case you move and do not notify the Financial Assistance Office of your new address.

Parent/s Name/s:
Parent/s Address:
Telephone Number/s:
Parent/s Employer and Employer's Address:

Fortnightly Budget

Table with 2 columns: Fortnightly Living Expenses (2 weeks) and Fortnightly Income (2 weeks). Rows include Rent, Gas, Electricity, Phone, Food, Housekeeping, Lunch, Fares, Educational Incidentals, Other, Total for both categories.

Deficit or surplus of fortnightly income compared to expenses: \$

Assistance and Repayment Why do you need an extension of your loan repayments?

Statutory Declaration By Applicant (to be completed in the interview)

I (name) _____ Of (address) _____

Do solemnly and sincerely declare that the particulars I have given are true and complete in every respect. And I make this solemn declaration, conscientiously believing the same to be true, and in virtue of the provisions of the *Oaths Act, 1900*.

Signature of Applicant _____

Made and signed before me in Sydney this _____ day of _____ 20 _____

Signature of Justice of the Peace _____

Office Use Only

Recommendation to Director, Student Administration & Support

Extension On Previous Loan: Amount Owing _____ Loan Fund _____

Proposed Revision of Repayments _____

No Extension at Present

Recommendation _____

Referrals Made _____

Recommendation Approved

Not Approved

Signed: _____ Date: _____