**Applying for reduced-fee assistance**

Reasons for experiencing financial hardship vary, but can include unemployment or lack of consistent work, serious illness or injury, the loss of a loved one, family & domestic violence, natural disasters (e.g., floods, bushfires), business downturns or visa status/lack of work rights.

In general, if you are finding it difficult to make repayments on your debts when they’re due, it’s likely you’re experiencing a degree of financial hardship.

CatholicCare Refugee Hub’s Migration Service may be able to offer reduced-fee or pro bono migration assistance to you if you meet our financial hardship criteria.

To help us determine how to best help you, we may ask you about your circumstances, your income and for documents to support your claim for financial hardship assistance.

Everything you tell us will be kept confidential and assessed on a case-by-case basis.

You can nominate someone to discuss your request for help with us if you prefer (e.g., a caseworker, friend, or family member).

To apply, please complete the form below and attach the required documentation.

**Applicant’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of applicant:** |       | **Date of application**:  |       |
| **Contact phone number** |       | **Email address:** |       |

**Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referrer:** |       | **Role &** **Organisation**  |       |
| **Phone number:** |       | **Email address:** |       |

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| **Has a referral form for Refugee Hub migration assistance already been submitted for this applicant?** |
| [ ]  | Yes | Date:  |       |  |
| [ ]  | No | Please submit a referral form together with this hardship application |
| **Applicant consents to Refugee Hub’s Migration Service discussing this application with:** |
| [ ]  | Referrer |
| [ ]  | Another nominated person: |       |
| [ ]  | With the applicant only  |
| **Please provide full details of applicant’s circumstances and the reasons why they are applying for financial hardship assistance:** |
|       |
| **Please tick which circumstances apply to the applicant:** |
| **Employment status** |
| [ ]  | Unemployed | [ ]  | Inconsistent employment/minimal income |
| [ ]  | Currently employed | Fulltime / part time / casual (please circle)  |
| [ ]  | Self-employed/business owner |
| **Income support** |
| [ ]  | Receive Centrelink benefits |
| [ ]  | Receive SSRS payments or other financial support (e.g., scholarship or financial aid) |
| **Family situation** |
| [ ]  | Single parent | [ ]  | Partnered/married | [ ]  | Single adult without children |
| Number of dependent children: |       |  |
| **Visa status** |
| [ ]  | Asylum seeker | [ ]  | Permanent humanitarian visa | [ ]  | Other permanent visa |
| [ ]  | Temporary humanitarian visa | [ ]  | Other temporary visa (e.g., student visa) |
| [ ]  | Bridging visa | [ ]  | Citizen |
| **Other relevant circumstances** |
| [ ]  | Serious Illness or injury | [ ]  | Disability | [ ]  | Significant mental health impacts |
| [ ]  | Family & domestic violence | [ ]  | Loss/bereavement |
| [ ]  | Impacted by natural disaster (e.g., flooding, bushfire)  |
| [ ]  | Significant debt or business downturn |
| [ ]  | Other: |       |

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| **Please attach supporting documents** |
| [ ]  | Proof of identity (copy of an ID document such as drivers’ licence, passport, immi card, photo ID card or similar) |
| [ ]  | Document confirming applicant’s address (drivers’ licence, utility bill, rental agreement or similar) |
| [ ]  | Document confirming current visa status (visa grant letter or recent VEVO check) |
| [ ]  | Evidence of employment income, eg recent payslips (if applicable) |
| [ ]  | Centrelink Income Statement (if applicable) |
| [ ]  | Evidence of other income support, eg SSRS payments or scholarship (if applicable) |
| [ ]  | Bank statements for the past 3 months |
| [ ]  | Income details for de facto partner/spouse (if applicable) |
| [ ]  | Medical certificate or letter from medical professional (if applicable) |
| [ ]  | Any other documentation that supports your application |

|  |  |
| --- | --- |
| **Applicant’s signature:** |  |
| **Referrer’s signature:** |  |

**Please submit this form and supporting documents to** **migration@catholiccare.org.au**

We will undertake a confidential assessment of your application and advise you of the outcome prior to commencing any migration advice or assistance to you.

Once advised of the outcome, if you wish to proceed with migration advice or assistance from our service, we will complete and sign a service agreement with you prior to commencement.

This agreement will include detailed estimates of fees and scope of work required, so that you are fully informed of all costs involved and are provided with a time frame for the completion of the assistance before we commence.

If you have any questions or concerns, don’t hesitate to ask. We will always do our best to help you.