



LIVING AWAY FROM HOME ALLOWANCE QUESTIONNAIRE

The purpose of this questionnaire is to assess your eligibility for Living Away from Home Allowance (LAFHA). If you have any questions while completing this form, please do not hesitate to call PayMe Australia on 1800 082 006 to ensure that you complete it correctly.

SECTION 1 - PERSONAL DETAILS

Full Name:

Mobile Number:

Email:

SECTION 2 – FAMILY DETAILS

Are family and dependants relocating with you?

Yes No

If yes:

- Will your partner/defacto accompany you?

- How many children under 12 years will accompany you?

- How many children over 12 years will accompany you?

- Will your children under 25 years be placed in full time education?

SECTION 3 – ELIGIBILITY FOR LAFHA

Did you sign the employment contract that has required you to live away from home, while you were still residing in your usual place of residence?

Does the employment contract state a fixed-term that you are required to live away from home and is this defined by date or completion of work?

Is this period no greater than 12 months?

IMPORTANT

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SECTION 3 – ELIGIBILITY FOR LAFHA - CONTINUED

What is the address of your usual place of residence?

Note: Usual place of residence means a home in Australia at which you usually reside, at which you would have continued to live if not for having to briefly change your place of residence to work temporarily for this contract at another locality.

Address Line 1

Address Line2

Suburb State Post Code

	Yes	No
Is it your intention on the date you sign this, that you will return to your usual place of residence at the end of the 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be keeping your usual place of residence for your immediate use and enjoyment at all times while required to live away from that residence for work?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be subletting your usual place of residence while required to live away from that residence for work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any other previous claims for LAFHA in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - RELATED ALLOWANCES

Have you received a relocation allowance from your employer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what will it cover and how much will it be?		

Have you received an accommodation or food allowance from your employer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what will it cover and how much will it be?		

CERTIFICATION – PLEASE COMPLETE

I certify that the information provided in this questionnaire for LAFHA is a true and accurate indication of my circumstances as at the date signed below.

I certify that I am wholly responsible to advise PayMe Australia immediately if my circumstances change with respect to any of the answers I have provided above.

Name:

I verify that the information in this document is true and correct.

Signature:

Date

IMPORTANT

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