Discretionary Payments Section

Risk, Insurance and Special Claims Branch

Department of Finance

1 Canberra Avenue

FORREST ACT 2603

Dear Sir/Madam

**Name:** Click or tap here to enter text

**DOB:** Click or tap here to enter text

**Centrelink Customer Reference No:** Click or tap here to enter text

**Application for a waiver of debt owed to the Government**

I enclose the following documents in support of my application for a waiver of debt:

1. Application for a Waiver of Debt owed to the Government
2. Statement of Financial Details
3. Decision from Centrelink Review Officer dated Click or tap here to enter text
4. Click or tap here to enter text
5. Click or tap here to enter text
6. Click or tap here to enter text

I have been advised that I have been overpaid $Click or tap here to enter text by Centrelink.

*Include information about the outcome of any internal review application by Centrelink and any steps that you may have taken to repay the debt.*

*Outline any person circumstances which prevent you from being able to repay the debt, including any health issues that affect you or a member of your family.*

*Include any other information which may affect your ability to either work or repay the debt.*

Given my situation of severe financial hardship, I seek a waiver of my debt.

1. If you have any questions or would like to discuss this request, please call me on Click or tap here to enter text.

Yours faithfully

Name: Click or tap here to enter text

Date: Click or tap here to enter text

Enclosures