

## OS Sponsorship and Local Relocation Salary Optimisation Service Eligibility and Quote service

Thank you for your enquiry. The facilitation of this service is simple and designed to maximise eligible employees disposable income, without adding additional burden to an employer.

For most parties to be eligible to claim *Living Away from Home Allowance* (LAFHA) from their employment income via their employer, individuals must meet a range of general ATO guidelines. The following questions are designed to form part of your assessment, and help establish your potential eligibility and benefit. Please answer the following assessment questions and provide the details requested. Then please save and submit for assessment to Lafha, who will respond back to you with an initial response within 48 hours.

To save the details you enter on this form you require at least Acrobat Reader 8 or higher. Download it for free at: <http://get.adobe.com/reader/>

### ELIGIBILITY CHECKLIST

Are you a foreign national relocating to Australia?

If you answered "Yes" please proceed to Section A

Yes  No

Are you an Australian Resident relocating within Australia?

If you answered "Yes" please proceed to Section B

Yes  No

Are you an Australian Resident relocating overseas?

If you answered "Yes" please proceed to Section B

Yes  No

### SECTION A - Foreign Nationals

- Will this be the first claim for relocation allowances you have made in Australia? Yes  No
- If in Australia now, are you still employed by your original sponsor into Australia? Yes  No
- Is your expected gross income excluding superannuation greater than \$45,000 per annum? Yes  No

Please proceed to Section B

### SECTION B

- Have you relocated, or will you relocate, for the direct purpose of taking up a temporary work assignment with your employer? Yes  No
  - Have you, or will you be absent for a limited or finite period of time in the new role from your usual place of residence? Yes  No
  - Do you have a clear intention/expectation of returning to your principal place of residence on cessation of work at the temporary location? Yes  No
- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• I maintain the following residential ties with my usual place of residence (<i>tick as appropriate</i>):</li> <li><input type="checkbox"/> Home which I own</li> <li><input type="checkbox"/> Home which I rent</li> <li><input type="checkbox"/> Personal effects in storage there, pending my return</li> <li><input type="checkbox"/> My immediate family are living there (<i>spouse or defacto, dependant children, parents</i>)</li> </ul> | <ul style="list-style-type: none"> <li>• I maintain the following personal ties with my usual place of residence (<i>tick as appropriate</i>):</li> <li><input type="checkbox"/> Bank accounts / other investments located there</li> <li><input type="checkbox"/> Solicitor / stockbroker / financial advisor located there</li> <li><input type="checkbox"/> Contributing to pension / retirement fund there</li> <li><input type="checkbox"/> Current driver's licence issued by that country / state</li> <li><input type="checkbox"/> Current will made under the law of that country / state</li> <li><input type="checkbox"/> Current memberships of recreational and social clubs</li> </ul> |
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## Relocation Salary Optimisation Service Quotation Form

### PERSONAL DETAILS

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

HR Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has Applicant applied for LAFHA previously? Yes  No

## PERSONAL DETAILS

Australian State Relocating To: VIC  NSW  QLD  WA  SA  NT  TAS  ACT

For Foreign Nationals only (Questions (1) and (2) are mandatory for applicants who have filled out Section A - Foreign Nationals)

(1) Visa Type: \_\_\_\_\_ (2) Date of issue of visa: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

## FAMILY DETAILS

• Are family and dependants relocating with you? Yes  No

If you answered "Yes", please answer the following questions.

• Are you Married/in a defacto relationship. Yes  No

• Do you have dependant children under 12 years of age. 1  2  3  4  5  Other

• Do you have dependant children over 12 years of age. 1  2  3  4  5  Other

## INCOME AND EXPENSE DETAILS

• Occupation: \_\_\_\_\_ Full time  Contract  Other

• Estimated annual income: \$ \_\_\_\_\_ Does this figure include 9% superannuation? Yes  No

• Approximate weekly rental accommodation costs for relocated residence: \$ \_\_\_\_\_

• Approximate initial relocation costs (ie transport, removals): \$ \_\_\_\_\_

• Do you currently claim any expense deductions as part of your employment? Yes  No   
(Examples- Food, Accommodation Mobile phone, Vehicle, Income protection).  
If "yes" what and how much? \_\_\_\_\_

• Are you, or will you be receiving a relocation allowance from your employer? Yes  No   
If "yes" what and how much? \_\_\_\_\_

• Are you currently, or will you be receiving any other allowances or bonuses as a result of relocating? Yes  No   
If "yes" what and how much? \_\_\_\_\_

• Are you paid under an industry based award? Yes  No   
If "yes" are you paid above the award? Yes  No

## NEXT STEPS

• You are under no obligation to proceed with any services quoted, and all information provided is in the strictest confidence in line with Australian privacy regulations.

• Please sign and email or fax response to Lafha. **e-mail:** solutions@lafha.com.au **fax:** 1300 653 484

• Lafha will provide you with a written quotation of potential benefits within 48 hours of receiving your quote request.

I verify that the information I have supplied to Lafha for the purposes of this quotation are, to the best of my knowledge, true and accurate.

**Emailing:** I verify the information  **or Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Note, certain income thresholds, and other criteria must be met to qualify for the benefits available through this service, or to provide positive outcomes for claiming the deduction /allowance. The quotation results will be indicative of the expected result of claiming the allowance/deduction based on inputs provided, however final annual outcomes will vary based on individual circumstances, any ATO guideline changes, and claims made during the course of the financial year. This is an obligation free assessment.

**When complete please email to solutions@lafha.com.au or fax to 1300 653 484.**