



1st Floor,  
33 George Street, Launceston  
PO Box 590, Launceston 7250  
DX 70112, Launceston  
Telephone: (03) 6336 4800

**TOLL FREE 1800 006 224**

Facsimile: (03) 6336 4848  
Email: [info@maib.tas.gov.au](mailto:info@maib.tas.gov.au)  
Website: [www.maib.tas.gov.au](http://www.maib.tas.gov.au)

## Housekeeping Allowance FORM Q

In order for the MAIB to consider reimbursement of costs incurred in engaging a person to carry out those household duties that you would normally carry out at least once a week, this form must be fully completed.

### Claimant's details

Surname

Given Names

Home Address

State	Postcode
-------	----------

### To be completed by housekeeper

Date Duties Performed	Duties Performed	Time Started	Time Finished	Hours Worked

Total Hours \_\_\_\_\_

Total hours worked \_\_\_\_\_ at a rate per hour of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

### Housekeeper's declaration

I declare that I have received from \_\_\_\_\_ the amount of \$ \_\_\_\_\_ for the above duties. The information provided in this form is, to the best of my knowledge and belief, true and correct.

Housekeeper's Name (printed)

Housekeeper's Address (printed)

Contact Phone Number

Housekeeper's Signature

Date

### Claimant's declaration

I declare that I \_\_\_\_\_ have paid to \_\_\_\_\_ the amount of \$ \_\_\_\_\_ for the above duties that I am unable to perform as a result of the injuries I sustained in the motor accident of / / and that these are duties that I normally carried out at least once per week prior to the motor accident.

Claimant's Signature

Date