

Level 1,  
33 George Street, Launceston  
PO Box 590, Launceston 7250  
Telephone: (03) 6336 4800

**TOLL FREE 1800 006 224**

Email: info@maib.tas.gov.au  
Website: 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