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RATES & CHARGES HARDSHIP APPLICATION

I (Ratepayer Name)
of (Ratepayer Address)

hereby make application to council for relief from payment of rates and charges upon the basis of hardship with respect to the following property:

Property Address:

Property Number:

The relief I seek is as follows (set out the specific relief sought – examples include extension of time to pay and waiver/deferral of interest for a specified period):

The grounds relied upon for this application are:

- Financial (in which case complete the Financial Questionnaire that follows and provide council with supporting documents to include bank statements, annual tax return, Centrelink Statements or any other supporting documents);
- Non-financial (in which case provide the relevant information on the following page and provide council with supporting documents);
- Both financial and non-financial (in which case provide the information and documents for both categories above).

SIGNATURE OF RATEPAYER

The information contained in this application is true. I understand that information provided in this application will be better supported if I provide documents to council proving same and I have attached copies of all documents I want council to consider to this application.

Signature

Date of signature

Telephone

Email Address

Pensioner Allowance Information (if applicable)

Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government?

Yes

No

If 'Yes', type of pension or benefit

If 'Yes', PCC Number (attach copy)

Date of Grant

Have you claimed a Pension Concession on any other property this year in any other local government area?

Yes

No

If 'Yes', state the address of the property

Information for Non-financially Based Applications (if applicable)

I put forward the following information for Council's consideration

(if there is not enough space please attach further information as desired)

Financial Questionnaire for Financially Based Applications (if applicable)

INCOME (weekly unless otherwise stated)

Your average weekly income after tax from salary or wages	\$
Social security benefits/pensions (include family payments etc)	\$
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$
TOTAL	\$
Income of your spouse or partner	\$

EMPLOYMENT DETAILS

What is the name of your principal employer?

What is the address of your principal employer?

SUBURB POSTCODE

What is the institution name, branch, BSB and account number of the account into which your salary or wage is paid by your employer (if applicable)?

PROPERTY OWNED BY YOU

Home	Property Address	CURRENT VALUE
		\$
	Value of equity, if any	\$
Other property	Property Address	\$
	Value of equity, if any	\$
Funds in banks/ financial institutions, including funds held in off-set accounts	Institution, branch, BSB and account number	\$
	Institution, branch, BSB and account number	\$
	Name and type of investment	\$
Investments		\$
Motor vehicle	Year Make	\$
	Model Registration	\$
Household contents	Description	\$
Other personal property	Description and location	\$
TOTAL VALUE OF PROPERTY OWNED BY YOU		\$

LIABILITIES

Average weekly expenses:

ITEM	WEEKLY AMOUNT
Food	\$
Household supplies	\$
Mortgage/rent	\$
Gas	\$
Electricity	\$
Heating fuel	\$
Rates/levies	\$
Telephone	\$
Motor vehicle	
• Petrol	\$
• Maintenance	\$
• Registration/insurance	\$
Medical/hospital funds	\$
Other insurance (specify)	\$
Fares	\$
Clothing and shoes	\$
Entertainment/hobbies	\$
Education/childcare expenses, including fees and levies	\$
Medical/chemist /pharmaceutical	\$
Hire purchase payments	\$
Credit cards	\$
Other necessary commitments, including weekly payments on other liabilities, listed above (specify)	\$
TOTAL WEEKLY EXPENSES	\$

Other liabilities:

LIABILITIES	NAME OF BANK/INSTITUTION	TOTAL AMOUNT OWED
Home mortgage		\$
Other loans		\$
Credit cards		\$
Credit cards		\$
Other liabilities (specify)		\$
TOTAL		\$

Does anyone contribute to paying these liabilities (eg your spouse/partner)? If yes, give the person's details:

Name of person

Amount of contribution per week

Do you have any dependants? If yes, give details:

ADDITIONAL QUESTIONS REGARDING FINANCIAL CIRCUMSTANCES

Do you have any income, assets or liabilities not disclosed in this financial questionnaire? Yes
No

If you answered yes to the previous question, give details of the other income, assets (including their location) or liabilities.

What arrangements are you prepared to make to pay council?

Additional Information for consideration by council

PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.