

Hardship Relief Application

Debt Management and Hardship Policy

If you need help lo	odging your fo	rm, contact us	S						
Phone	(02) 6354 99	(02) 6354 9999							
Customer	Lithgow	ithgow							
Service Centre	Administration Building 180 Mort Street, Lithgow NSW 2790								
100 Mort Sueet, Littigow Now 2190									
Privacy Protection Notice									
Purpose of collection	sessment of Ha	rdship under	Council's	Debt Managemen	t and Hardship Polic	cy			
Intended recipients	ity Council – Revenue/Finance Staff								
Access/Correction:	Please email Council at council@lithgow.nsw.gov.au to access or correct your personal information								
Part 1: Applicant [Details								
Title		Mr	Mrs	Ms	Other:				
First Name									
Last Name									
Address						Postcode			
Mobile					Email				
Part 2: Property o	r Account De	etails							
Council Rates Assessment or Debtor Number									
Property address									
						Postcode			
The property for wh	ing has been m	ny sole/princ	ipal place	e of living since:					
Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government?									
							1		

Part 3: Flexible Payment Arrangement request – to be completed by your licensed Financial Counsellor

Financial Counsellor Name											
Financial Counsellor ABN:											
Financial Counsellor Registration or Member Number:											
F:											
Financial Counsellor Address					Postcode						
Financial Counsellor Phone			Email								
What is the cause of financial hardship? (e.g. unemployment, illness) Brief description explaining financial hardship being experienced											
Term of financial hardship (long term or short term)											
Proposed flexible payment arrangement											
Commencement Date											
Payment arrangements		\$		Frequency		Weekly					
						Fortnightly					
Any other comments in relation to	proposed pa	yment arrangements?				Fortnightly					
Any other comments in relation to	o proposed pa	yment arrangements?				Fortnightly					
Any other comments in relation to	o proposed pa	yment arrangements?				Fortnightly					
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Any other comments in relation to	o proposed pa	yment arrangements?				Fortnightly					
Any other comments in relation to	o proposed pa	yment arrangements?				Fortnightly					
						Fortnightly					
art 4: Declaration I hereby declare that the informat					Date	Fortnightly					
art 4: Declaration					Date	Fortnightly					
art 4: Declaration I hereby declare that the informat Signature of					Date Date	Fortnightly					
art 4: Declaration I hereby declare that the informat Signature of Applicant Signature of Financial						Fortnightly					
art 4: Declaration I hereby declare that the informat Signature of Applicant Signature of Financial	ion provided is	s true and correct.				Fortnightly					

The personal information collected in this application form is personal information for the purposes of the Privacy and Personal Information Act 1998 and will be collected, used and stored by Council in accordance with Council's <u>Debt Recovery/Hardship Policy</u>.

Your personal information may be given to Council's Debt Recovery Agents to be used in conjunction with debt collection, if necessary.