

Financial Hardship Application

Confidential

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In accordance with the Local Government Act, 1993 Section 567, Writing off of Accrued Interest, Council may write off accrued interest on rates or charges payable by a person if, in its opinion:

- a) The person was unable to pay the rates or charges when they became due and payable for reasons beyond the persons control, or
- b) The person is unable to pay the accrued interest for reasons beyond the persons control, or
- c) Payment of the accrued interest would cause the person hardship.

In accordance with the Local Government Act, 1993 and Councils adopted Policy and Procedures, Council may allow rate reductions in some cases of financial hardship. Consideration will also be given to cases of hardship on the following grounds:

- a) Terminal Illness – for ratepayer/s who are unable to meet payments consideration will be given to waiving interest on rate/s accounts. A Medical Certificate is required, or
- b) Natural Disasters (Bushfire, Flooding, and Drought) – for ratepayer/s who have suffered a natural disaster, consideration will be given to the waiving of interest for a specific period. Full details of losses required, or
- c) As determined by Council.

Applicant details

Name: _____

Address: _____

Reasons for application of financial hardship: _____

For the purposes of this application, I give the following information and that contained in the attached Statement of Position, which I believe to be correct.

Privacy

The information in your application and any information the Council obtains confirming your eligibility for financial hardship is private and confidential. Council's employees and any other people dealing with this document are instructed to keep it confidential. If they do not, they may be guilty of an offence.

Ownership of residency details

Property Address: _____

1. Is this property your principal place of residence? Yes No
2. Do you rent the property? Yes No
3. How many people live at the property?: _____
4. Who lives at the property? Self Spouse/Defacto Children Relatives Others (Specify): _____
5. Do you own or have an interest in any other land or buildings? Yes No
If "Yes", state address: _____
6. How many children do you support? _____ State ages: _____

Authority for information confirming eligibility

I authorise the Council to receive and government departments and other institutions to give to Council, information that is necessary for the Council to decide whether I am eligible for financial hardship in relation to the property which I have given as my address.

Applicant: _____ Date: _____

Office use only

Property number: _____ Date: _____

Recommendation: _____

Approved by: _____

Personal Details

Debtor/Property Number: _____

Name: _____

Residential address: _____

Postal address: _____

Phone: _____

Employment Details

Employer: _____

Employer address: _____

Employer phone number: _____ Part-time Full-time

If you are self-employed, please state:

Type of occupation: _____

Name of business: _____

Address of business: _____

Average weekly gross profit: _____

Dependents

Do you have any dependents? Yes No

If yes, what are their ages? _____

Are any of your dependents employed? _____

If the debt is jointly owed, please provide the other debtor's details:

Name: _____

Residential address: _____

Postal address: _____

Phone number: _____

Employer: _____

Employer address: _____

Employer phone number: _____ Part-time Full-time

If self-employed, please state:

Type of occupation: _____

Name of business: _____

Address of business: _____

Average weekly gross profit: _____

Name of financial institution: _____

Income

Gross weekly earnings: _____

Rental income or lease income: _____ per week

Residential address of property: _____

If there are any other owners, please state their name/s: _____

Average quarterly interest received: _____

Do you receive a pension? Yes No

Pension: _____ per week

Pension number: _____

Pension type: _____

Date of Grant: _____

Total Weekly Gross Income: _____

Assets

House / land: _____

Less mortgage owing: _____

Vehicle (make and registration): _____

Furniture: _____

Personal Property: _____

Liabilities

Credit cards: _____

Personal loans: _____

Total monthly liabilities: _____

Expenses

Mortgage Repayment: _____

Property Maintenance & Insurance: _____

Food: _____

Gas/Electricity: _____

Telephone: _____

Vehicle, Petrol, Rego & Insurance: _____

School Fees & Uniforms: _____

Life Insurance / Superannuation: _____

Health Insurance / Medical Expenses: _____

Other: _____

Total Weekly Expenses: _____