

APPLICATION FOR HARDSHIP RELIEF - RATES AND DEBTORS

Please answer all questions relevant to you using block letters and ticking appropriate boxes

RATES:	COUNCIL
RATE ASSESSMENT NUMBER:	REFERENCE NUMBER:

I,
(Full name in block letters)

of

telephone number: ().....apply for hardship rate relief.

For the purposes of this application, I state the following information which I believe to be correct.

PERSONAL DETAILS

D.O. B:

Are you: Single Married De Facto

Current Address:

Telephone Number:

Time at above address:

Do you propose to change residence? Yes No

EMPLOYMENT DETAILS

Employer's Name:

Address:

Telephone:

Job Title:

SPOUSE DETAILS

Partner's Full Name:

of

Partner's Employment:

(Name & Address details)

DEPENDANTS

Number of Dependants:Age/s:

PENSION/BENEFIT DETAILS

1. Do you receive any pensions or benefits? Yes No

If **YES**, state the pension or benefit received and how much received per week:

..... \$

..... \$

..... \$

2. Do you have a current Pensioner Concession Card? Yes No

If **YES**, state Card Number:

Date of grant of card:

OWNERSHIP OR RESIDENCY DETAILS

1. Is this property your sole or principal place of living? Yes No
2. Do you rent the property? Yes No
3. Do you own the property:
- i) by yourself? Yes No
- ii) with a spouse? Yes No
- iii) with other person/persons? Yes No

If answers at items (ii) and/or (iii) is **YES**, state name(s) and address(es) of other owner(s) and the proportion of ownership held by each person.

.....

.....

(Please attach evidence of joint ownership)

4. Is the property owned as shares in a company title? Yes No
5. How many people live at the property?
- indicate by ticking**
- self
- spouse
- children (state ages)
-
- others - insert number**
-boarders
-relatives
-other (please specify)
-

6. Do you own or have an interest in any other land or buildings? Yes No
- If **YES** state address(es):

.....

.....

INCOME and ASSETS

State gross weekly amount received in dollars and cents

Self Spouse

- | | | |
|---|---------|---------|
| 1. Net wage | \$..... | \$..... |
| 2. How much do you receive in pensions and benefits? | \$..... | \$..... |
| 3. How much do you receive in compensation, superannuation, insurance or retirement benefits? | \$..... | \$..... |
| 4. State income derived from any other member of the family or other person residing at the property? | \$..... | \$..... |
| 5. Other sources of your income (ie full/casual/ part-time employment etc): | \$..... | \$..... |
| 6. Family allowance: | \$..... | \$..... |
| 7. State name and current balance of any bank, building society, credit union, savings accounts: | | |
| | \$..... | \$..... |
| | \$..... | \$..... |
| | \$..... | \$..... |
| (Please attach evidence of account balances) | | |
| 8. Interest from banks, credit unions, building societies, investments, etc: | \$..... | \$..... |
| 9. Please indicate: | | |

Asset	Age	\$ Value	\$ Loan Amount
Your Property	\$.....	\$.....
Car	\$.....	\$.....
Caravan	\$.....	\$.....
Boat	\$.....	\$.....
Household goods	\$.....	\$.....
Furniture & Household effects	\$.....	\$.....
Electrical	\$.....	\$.....
Antiques/Art	\$.....	\$.....
Coins/Stamps	\$.....	\$.....
Other motor vehicle	\$.....	\$.....
Shares/Investments	\$.....	\$.....

OTHER DETAILS

What is the cause of financial hardship?

.....

How long have you experienced hardship?.....

OUTGOINGS/EXPENSES

State *weekly* amount spent in dollars and cents

1. Rent, board or home loan:

.....\$.....

(address of property)

2. Second and other mortgages:

.....\$.....

(address of property)

3. Personal Loans/Hire Purchase (not credit cards or charge cards):

.....\$.....

4. Health costs (where there is serious illness):

.....\$.....

5. Council rates and charges (amount now due)

.....\$.....

6. House Insurance:

.....\$.....

7. Do you have leased business premises? Yes No

OUTGOINGS/EXPENSES continued

8. Financial summary of regular expenses:

Rates - Council/Water	\$	Strata Levies	\$
Gas/Electricity	\$	Telephone	\$
Fares/Transport	\$	Petrol	\$
School Expenses	\$	Insurance contents	\$
Medical/Health	\$	Living Expenses:	
		Clothing	\$
		Personal	\$
		Cash	\$
		Entertainment	\$
Insurance/Other	\$	Car Maintenance	\$
Registration	\$	Food	\$
Superannuation	\$	Subscriptions	\$

9. Credit Cards/Personal Loans:

Credit Card:

Visa/Mastercard/Amex/Bankcard

Personal Loans:

Personal Loan/Car Loan

With:(Banking Institution)

With:(Banking Institution)

Card No:

Loan No:

Balance on card: \$.....

Balance on loan: \$.....

Other relevant information (to be completed if you feel it will assist your application)

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.....

.....

.....

(attach a separate page if insufficient space)

AUTHORITY FOR INFORMATION TO CONFIRM ELIGIBILITY

I authorise the Council to receive, and Centrelink and/or the Department of Veterans' Affairs to give to the Council, the information which is necessary for the Council to decide whether I am eligible for a hardship rate relief in relation to the property, which I have given as my address.

.....SignedDate

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998*Compliance with Section 10*

The information contained in this application form and any information requested for the purpose of assessing eligibility for a pensioner concession is required under the Local Government Act, 1993 and the *Local Government (Rates and Charges) Regulation 1999*. This information is required before your application for hardship rate relief can be processed.

The information in your application and any information the Council obtains for the purpose of assessing this application is private and confidential. The Council will hold this information.

The Council must not disclose your personal information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, please contact the Council's Privacy Contact Officer.

The information contained or referred to in this application form may be amended and updated by you, by contacting the Council.

You should now submit this application form to the Council for consideration. The Council will advise you of its decision as soon as practicable.

Each individual case will be considered on its merits in accordance with Council's Rates and Charges Hardship Assistance Policy.

For Council Use Only

APPLICATION IS / IS NOT APPROVED UNDER SECTION 577 of the Local Government Act, 1993 (extension of concession to avoid hardship).

Total average weekly income \$.....

Total Assets \$.....

Current Year's General Purpose Rating Category

Current Year's General Purpose Rates \$.....

Previous Year's General Purpose Rates \$.....

Increase in General Purpose Rates% \$.....

Average Annual General Purpose Rates in the above category \$.....

Average Annual Increase in General Purpose Rates in the above category% \$.....

Applicant advised (Date)