

Application for Financial Hardship Commercial/Business

This is an application for reduction or deferment of
Outstanding Rates/interest/debts under Section 564,
Section 567 and Section 601 of The Local Government Act 1993



This form is to be completed by ratepayers who are presently suffering financial hardship. Under the Local Government Act, Council is required to issue rates and reminder notices. Whilst Council is unable to waive rate notices, it can enter into periodical payment agreements with ratepayers whereby interest charges will not be accumulated on overdue accounts.

LOGDE YOUR APPLICATION to: customerservice@huntershill.nsw.gov.au or
PO BOX 21, Hunters Hill NSW 2110

APPLICANT DETAILS (required for contact purposes)

| | | | | | |
|--|--|---------------|--|-----------------|--|
| TITLE: | | NAME: | | SURNAME: | |
| COMPANY NAME: | | | | | |
| MAILING ADDRESS: | | | | | |
| EMAIL: | | PHONE: | | | |
| Are you an owner operator or Landlord only: | | | | | |
| Please provide ABN or ACN: | | | | | |

PROPERTY STREET ADDRESS (If applying for Rates relief)

Same as mailing address

| | | | |
|------------------------|--|-------------------|--|
| STREET ADDRESS: | | | |
| SUBURB: | | POST CODE: | |

NATURE OF REQUEST (Please tick appropriate box)

| | |
|---|--------------------------|
| Enter into an Payment Agreement Arrangement for Rates/Charges | <input type="checkbox"/> |
| Reduction (or waiver) of a Council fee or charge | <input type="checkbox"/> |

NATURE OF HARDSHIP – OWNER OPERATORS

If you are an owner operator, please describe the nature of the hardship you are experiencing and how this has affected your business operations, and ability to pay an outstanding debt.

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PERIODICAL PAYMENT PLAN REQUESTED – Rates Account:

| | |
|-------------------------|---|
| Assessment Number: | |
| Payment plan requested: | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
| Payment Amount: | \$_____.____ (per instalment) |

Debtor Account (non-Rates based debts owed to Council)

| | |
|--------------------------|---|
| Debtor Reference Number: | |
| Tax Invoice Number: | |
| Payment plan requested: | Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> |
| Payment Amount: | \$_____.____ (per instalment) |

OWNERSHIP OF PROPERTY:

Rates Account Responsibility (Business Property)

| | |
|---|--|
| 1. Are you the sole owner of the rateable property? | Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', please specify number of co-owners: _____ |
| 2. Are you solely responsible for the payment of the account? | Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', please specify: Number of co-payers: _____ Co-payer/s Contribution: _____.____% |

SIGNATURE OF APPLICANT/OWNER/S OF RATABLE PROPERTY

I hereby declare that the information provided is true and correct.

| | Applicant/Owner 1 | Owner 2 |
|------------------|-------------------|---------|
| Print full name: | | |
| Signature: | | |
| Date: | | |

PRIVACY NOTICE

In completing this form you will be prompted to supply information that may be personal information for the purposes of Privacy and Personal Information Act 1998. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, the Council may be unable to process your request. Council is required under the Act to inform you about how your personal information is being collected and used. If you require further information please contact Council's Customer Service Staff on 9879 9400 to request a copy of Council's Privacy Code of Practice or download it from Council's website at the link provided above.