



<b>Income</b>	
Your average weekly income after tax	\$
Income of spouse/partner + income from any other source (eg. Centrelink)	\$

<b>Your Employment Details</b>	
Name of employer: .....	
Address of your employer: .....	
(Street Address)	
.....	.....
(Locality)	(Post Code)
(State)	

<b>Assets</b>		
<b>Assets Owned By You</b>		<b>Current Value</b>
Home	Address: .....	\$
Funds in Banks/Financial Institutions	Institution: .....	\$
	Institution: .....	\$
	Institution: .....	\$
Investments	Name: .....	\$
	Type: .....	
	Name: .....	\$
	Type: .....	
	Name: .....	\$
	Type: .....	
Motor Vehicle/s	Year: ..... Make: .....	\$
	Model: ..... Rego No: .....	
	Year: ..... Make: .....	\$
	Model: ..... Rego No: .....	
	Year: ..... Make: .....	\$
	Model: ..... Rego No: .....	
Household contents	Total: <i>(No need to list separately)</i>	\$
Other Personal Property	Specify: .....	\$
<b>Total value of property owned by you</b> <i>(Please supply supporting documentation)</i>		<b>\$</b>

## Average Weekly Expenses

Item	Weekly Amount
Food	\$
Household supplies	\$
Mortgage/Rent	\$
Gas	\$
Electricity	\$
Heating fuel	\$
Telephone	\$
Motor vehicle	\$
Petrol	\$
Maintenance	\$
Fares	\$
Clothing & Shoes	\$
Medical/Hospital funds	\$
Entertainment/Hobbies	\$
Education Expenses (including fees and levies)	\$
Chemist/Pharmaceutical	\$
Visa/Mastercard	\$
Hire Purchase Payments	\$
Other Necessary Commitments (specify)	\$
Agriculture	\$
Other	\$
<b>Total</b>	<b>\$</b>
<b>Liabilities</b>	<b>Weekly \$</b>
Home Mortgage	Details: \$
Credit Cards	Details: \$
	Details: \$
Other Loans	Details: \$
Other Liabilities	Details: \$
<b>TOTAL</b>	<b>\$</b> <i>(Please supply supporting documentation)</i>

## **Additional Questions Regarding Financial Circumstances**

Do you have any income, assets or liabilities not disclosed in this examination notice?

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What arrangements are you prepared to make to satisfy this debt?

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Please attach any other information that may support your application.

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**PERIODICAL PAYMENT PLAN REQUESTED:**

**Rates Account** (Residential Property)

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** (Residential 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:		

## Customer Consent

I/We, \_\_\_\_\_

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

I may revoke this Customer Consent Record at any time by giving Council **written** notice that my consent is revoked.

I acknowledge I have read and understood this Customer Consent record.

Applicants Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 hardship assistance is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application can be considered and processed. The information is private and confidential and Council must not disclose the 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, contact Council. The information contained or referred to in this application form may be corrected and updated by you, by contacting Council.

## Purpose Of This Form

This form is to be completed by Ratepayers wishing to be considered for Hardship provision assistance as prescribed in Council's Hardship Policy.

## Privacy Statement

You will need to provide personal information to Council in respect of this application. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further clarification please contact Council.