

Hardship Rate Relief Application Form



Approved by the Director General of the Department of Local Government, in accordance with clause 135 of the Local Government (General) Regulation 2005 under the *Local Government Act 1993*.

APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20____

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

Assessment Number

I,

(Full name in block letters)

of

(Address)

telephone number

apply for a concession on the
basis of financial hardship.

Property Description (Lot/Plan)

(office use only)

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

If Yes, please provide type of pension and amount received per fortnight.

Pension:

Amount:

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

3. Have you claimed a pensioner concession on any
other property this year? Yes No

If Yes, state the address of the other property

4. Is this property your sole or principle place of living? Yes No

The property for which I am claiming has
been my sole/principle place of living since:

5. I am liable for the payment of rates and charges on this property, together with others as listed below (If no others, write "Sole Owner")

Please provide details of all "other" persons indicated in Question 5 (ALL owners other than the applicant should be listed, including your spouse):

Name	PCC Holder (Y/N)	Pension Number	Date of Grant	Relationship to me (eg: spouse, father co-owner etc)	Resident of Property (Y/N)	% of ownership

Evidence of joint ownership is attached/has been provided to council previously (circle whichever is applicable)

6. Is the property owned as shares in a company title? Yes No

7. Are there people living at the property other than those listed in Question 5? Yes No

8. Please indicate who these people are:

Self Boarders

Spouse Relatives

Children Other

(state ages)

(please specify)

9. Do you own (either fully or partially) any other land or buildings? Yes No

If yes, list addresses

10. How many children do you support?

State ages:

11. What is the cause of financial hardship?

12. How long have you been experiencing hardship?

13. Please state gross fortnightly amount received in dollars and cents from the following sources of income:

a. Pensions and benefits	\$	
b. Compensation, superannuation insurance or retirement benefits	\$	
c. Spouse's income	\$	
d. Income of other residents of the property	\$	
e. Casual/part-time employment	\$	
f. Family allowances	\$	
g. Interest from banks/credit unions/building societies	\$	

14. Please provide name and current balance of all bank, credit union, or building society accounts held by you.

15. Please state details of fortnightly outgoings.

Outgoing	Owed to	Fortnightly Payments
Rent/Home Loan		
Other mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		

16. Proposed Fortnightly repayments. Please nominated a date to commence this arrangement within the next 30 days

Commencement Date	Proposed Fortnightly Repayment

Please attach a separate page with any other relevant information you feel may assist your application.

I hereby declare that the information provided is true and correct. **If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.00.**

Signature:

Date: