

FINANCIAL HARDSHIP APPLICATION

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

Name Applicant 1:	
Name Applicant 2:	
Property Address:	
Is the property address your sole/principal place of living?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which account you would like this application to apply to?	<input type="checkbox"/> Rates Account Number: _____ <input type="checkbox"/> Water Account Number: _____
Residential Address:	
Postal Address:	
Phone:	Applicant 1 Applicant 2
Email:	Applicant 1 Applicant 2
Occupation: :	Applicant 1 Applicant 2
Do you own the property?	<input type="checkbox"/> By Yourself <input type="checkbox"/> With a spouse/partner <input type="checkbox"/> With another person (s)?
How long have you owned this property?	
Are there other people living at the property other than those listed as owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many dependent/s do you have?	
Is any part of the property tenanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or have an interest in any other land or building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please provide further details as requested below.</i>	
Property Address	Percentage of Ownership

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My reason of Hardship is due to:	<input type="checkbox"/> Loss Or Change In Income/Employment <input type="checkbox"/> Poor Health <input type="checkbox"/> Natural Disaster Or Emergency Situation e.g Bushfire <input type="checkbox"/> Family Crisis e.g death, seperation, domestic violence <input type="checkbox"/> Other (please attach further information)	
How long have you been experiencing hardship?		
Do you have a current Pensioner Concession card (PCC) issued but the Commonwealth Government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', type of pension or benefit		
If 'Yes', PCC Number (attach copy)		
Date of Grant		
Have you claimed a Pension Concession on any other property this year in any other local government areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', state the address of the property		
Income	Please specify net weekly income amount	
Wages/Salary after tax:	Applicant 1	\$ _____
	Applicant 2	\$ _____
Pensions/Benefits including Child Support	Applicant 1	\$ _____
	Applicant 2	\$ _____
Other Income:	Applicant 1	\$ _____
	Applicant 2	\$ _____
*Compensation, Superannuation, Insurance, Retirement Benefits, Interest from Banks, Board		
Other – Please List	\$ _____	
Total average weekly income after tax	\$ _____	

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Liabilities/Outgoings	Owed to	Weekly Payment Amount
Rent/Home Loan		\$
Other Mortgages		\$
Personal Loans/Hire Purchase		\$
Credit Cards		\$
Electricity Costs		\$
Gas Costs		\$
Health Costs		\$
Council Rates		\$
Water Rates		\$
Phone & Internet		\$
Food/Clothing/Shoes		\$
Education		\$
Child Support		\$
Other – Please specify		\$
		\$
Total Weekly Expenditure		\$

Payment Arrangement Details *(Please tick box for most suitable arrangement)*

Pay the amount outstanding as of today and cover the remainder of the rating period by
 weekly **fortnightly** **monthly** payments in the amount of \$ _____ to Rates \$ _____ to Water
 Commencing ____/____/____

OR

I require an extension of time to pay the current outstanding rates and charges as of today's date until
 ____/____/____ *(A maximum of 6 months extension can be requested)*

Comments _____

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PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998		
<p>Council is committed to protecting the privacy of your personal information (being information capable of identifying you as an individual).</p> <p>We follow fair information usage and handling practices to comply with our obligations under the Privacy and Personal Information Act 1998 NSW (PPIP Act) and the Health Records and Information Privacy Act 2002 NSW (HRIP Act).</p> <p>The information that we collect from you via application and registration forms may be personal information for the purposes of the PPIP Act. Council collects this personal information from you in order to process and respond to your application or registration. The supply of the required information by you is not voluntary. If you cannot provide or do not wish to provide the information sought, then we may be limited in dealing with your application.</p> <p>When you make an application or registration, it will be forwarded to the appropriate Council officer/s and (if necessary) any other third parties to whom your application relates, or who can assist in processing your application and delivering the service to you.</p> <p>Information provided by you will be used to respond to the specific matter and will not be disclosed to any other party without your knowledge and consent, unless required or authorised by law. The information will be stored in Council's electronic document management system.</p>		
Declaration and Signature of Applicant		
<p>By submitting this Application for Hardship Assistance the Applicants set out herein:</p> <ul style="list-style-type: none"> • Makes application to Eurobodalla Shire Council ("council") for Hardship Assistance; • Understands that the Council may require further information to consider the application; • Understands that the granting of any relief is in the absolute discretion of Council; and • Understands that if relief is granted and the terms are not complied with (in the absence of the agreement by council) further action (including debt recovery action) may be taken by council without notice. • I hereby declare that the information provided is true and correct. • I authorise Council to update my personal contact details as provided in my application which can also be accessed by other Council Functions if required. 		
.....
Applicant Name	Signed	Date
.....
Applicant Name	Signed	Date
<p>** Please attach all relevant documents to support your financial statements and include any other information that is pertinent to your application, including and other documentation that may assist in our review of your application, e.g doctor's certificate, medical records.</p>		
Lodgement		
<p>To assist Council in determining eligibility, applicants are advised that all parts of the application form must be completed in full. Incomplete application forms will be returned to the applicant. The completed form and supporting documentation can be returned to Council by either:</p>		
Post	In Person	Email
Revenue Officer	Revenue Officer	council@esc.nsw.gov.au
Eurobodalla Shire Council	Eurobodalla Shire Council	
Po Box 99	89 Vulcan Street	
Moruya NSW 2537	Moruya NSW 2537	
Links		
<p>Eurobodalla Shire Council Rates and Debtors Harship Policy – www.esc.nsw.gov.au/council/governance/council-policies Federal Government National Helpline – 1800 007 007 or visit www.ndh.org.au</p>		