**Confidential Financial Hardship Application**

This application form should be used when making an application for financial hardship and should be read in conjunction with Council’s Hardship Policy (Insert Link). Financial hardship may be either ongoing or temporary and this process covers applications for special payment arrangements, financial hardship, and exceptional circumstances.

The questions in this application relate to the owners of the property and/or the responsible ratepayers and responses are used to assist Council in assessing this application. If you require assistance in completing this form, please contact the Council on 03 9240 1111 to arrange an appointment.

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| Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989.The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required by legislation. I understand that the personal information provided is for the above purpose and that I may apply to Council for access to and/or amendment of the information. Any requests for access and/or correction should be made to Council’s Privacy Officer. |

**This is an application for (choose one option):**

 Extension – 4 weeks max. (complete sections 1,2,3 & 6)

 Deferral – Up to 3 months (complete sections 1,2,3 & 6)

 Payment Plan (complete sections 1,2,4 & 6)

 Financial Hardship (complete sections 1,2,5 & 6)

 Exceptional Circumstances (complete sections 1,2,5 & 6)

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| 1. **Property Details** | |
| Property address: |  |
| Assessment number: |  |
| Property type:  Residential/Commercial /Industrial? |  |
| Outstanding Balance: |  |
| Is this property owner occupied?  (Do you live here?) | Yes  No |

|  |  |  |
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| 1. **Ratepayer(s) Details** | | |
|  | **Ratepayer 1** | **Ratepayer 2** |
| Full name: |  |  |
| Contact number: |  |  |
| Email: |  |  |
| D.O.B: |  |  |
| Residential Address: (Where you live) |  |  |
| Postal Address:  (if different from Residential) |  |  |

| **3. Extension/Deferral** | |
| --- | --- |
| Rate extensions and deferrals will be considered, provided payments will be made within 4 weeks (extension) or 3 months (deferral).  I propose to make payment of the amount outstanding by (choose below) | |
| In full by (date) |  |
| Amount |  |

| 1. **Payment Proposal – Special Payment Arrangement** | |
| --- | --- |
| Payment plans should ensure current rates and charges are paid as issued to ensure the account does not fall further in arrears.  I propose to make payment of the amount outstanding by (choose an option) | |
| Commencement date |  |
| Weekly (amount) |  |
| Fortnightly (amount) |  |
| Monthly (amount) |  |

| 1. **Hardship & Exceptional Circumstances Assessment** | |
| --- | --- |
| I am requesting an application for financial hardship understanding that the following information will be used to consider my application:   * Previous payment history with council; * The nature of the hardship (i.e. temporary or ongoing); and * Independent financial counsellors written report for Hardship. | |
| Temporary Term Hardship  Ongoing/Long Term Hardship | Exceptional Circumstances |
| Reason: provide a brief explanation as to why you are seeking a hardship plan: | |
| In some instances, such as low amount, long term, financial hardship payment plans, a team member may refer you to an independent financial counsellor. Some or all the following evidence may be requested by the counsellor to support your application. **Please do not send this information to Council.**  Proof of:   * **Wages** - Previous and current payslips * **Expenses** - Bank statement/tax assessments * **Employment** - A letter confirming termination. * **Medical status** – A letter confirming serious illness/accident /injury. * **Centrelink benefits** - JobSeeker/low-income documentation and/or copies of Healthcare and Centrelink Pension cards. | |

| 1. **Declaration** | |
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| I declare that the information contained in this application is true and correct. I understand that providing false evidence can lead to penalties. | |
| Signed: |  |
| Date: |  |