

HARDSHIP RATE RELIEF APPLICATION FORM

Approved by the Director General of the Department of Local Government, in accordance with 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.*

Property No. _____

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 issued by the Commonwealth Government? Yes No

PCC No. _____ Date of Grant _____

(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 principal place of living? Yes No

The property for which I am claiming has been my sole/principal 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 No	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

If you do not own or rent the property, please explain why you are liable to pay the rates _____

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

(8) Please indicate who these people are?

- Self
- Spouse
- Children (State ages _____)
- Boarders
- Relatives
- Other (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 weekly 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 allowance \$ _____
- 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	Amount
Rent/Home Loan		
Other mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		

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.**

Signature: _____ Date: _____

IMPORTANT NOTICE

CUSTOMER CONSENT

For the sole purpose of authorising the council to confirm with Centrelink whether or not the detail I have provided to the council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I _____ (full name) authorise the council to confirm with Centrelink the following details:

- Pension No.
- Name
- Address
- Postcode, and
- That I am a valid concessional card holder

I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the council **written** notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the council.

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

Signature: _____ 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 a pensioner concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.