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Rates Hardship Policy

Policy Number: POL12/9 • **Adopted:** 1/05/2008 • **Amended:** 23/04/2012 • **Minute Number:** N/A • **File:** 20962E
• **Produced By:** Finance & Corporate Services Group • **Review Date:** 1/04/2013

1. PURPOSE

Shoalhaven City Council recognises that financial hardship can arise with some ratepayers and will consider application for financial relief in some instances.

2. STATEMENT

This document is to be used as an internal practice and guidelines for administering rate hardship provisions

3. PROVISIONS

Council has the option of writing off full or partial interest on Rates and Charges under the Local Government Act, 1993 the following factors, grounds, and reasons for this to occur are:

- a) A confidential statement must be submitted by the debtor as evidence that the payment of the outstanding rates and charges would cause hardship to that person(s).
- b) The confidential statement must be on council's prescribed form and must be signed as a Statutory Declaration of the person(s) circumstances.
- c) Financial Hardship will only be applied to the person(s) primary place of residence.
- d) Financial hardship will not be applied to:
 - *Investment properties
 - *Commercial or Industrial properties
 - *Vacant land
 - *Small Lot Rural Subdivisions in which building is not permitted

For the application to be given full consideration, evidence of hardship must be supplied by the person(s). This evidence may take the form of Social Security information, tax return or Workers Compensation details etc.

If full disclosure is not made by the person(s) or it is found that incorrect disclosures were deliberately made, Council reserves the right to cancel the agreement and collect any interest previously waived.

The person(s) information will be treated confidentially and all assessments will be made on a case by case basis by the Hardship Committee. The Hardship Committee consists of the Revenue Manager, Accounts Receivable Supervisor, Debt Recovery Officer and the Community Development Co-ordinator.

If Council, after review of the application, deems that the payment of any rates or charges would cause financial hardship, Council has the option of writing off full or partial interest on Rates and Charges under the Local Government Act, 1993 (Section 567 (c) of the Local Government Act, 1993) for a specified period of time as determined by the Hardship Committee.

The interest free period is generally between 3 to 6 months only but may extend to 12 months. In any event the person(s) must maintain a strict regime of regular payments. The interest is only waived at the end of the period specified in order to ensure that the payments were/are maintained.

Upon receipt of the Hardship Application, a letter of acknowledgment is to be sent to the person(s) advising that a meeting will be scheduled in the near future. A report is then prepared for submission to the Hardship Committee and upon determination a letter is sent to the person(s) advising of the Committees determination.

The Committees determination is then entered onto Council's rating system (Fujitsu), coded "01" Hardship along with the account review date for monitoring by the Debt Recovery Officer.

3 IMPLEMENTATION

The Finance and Corporate Services Group will administer these guidelines.

4 REVIEW

The Finance and Corporate Services Group will review this Policy within one year of the election of every new council or earlier should circumstances arise to warrant revision.

5 APPLICATION OF ESD PRINCIPLES

Apply Council's ESD principles in determining hardship applications with regard to unemployment, low income households, pensioners and residents who are suffering financial hardship.

6 ATTACHMENTS

Application for Hardship Relief.

APPLICATION FOR HARDSHIP RELIEF

Council has the option of writing off interest on Rates and Charges under the Local Government Act. The following are factors, grounds, and reasons for this to occur:

1. Payment of such accounts in full is made difficult because of reasons beyond the ratepayers control
2. Payment of such accounts in full would cause the person hardship
3. The property concerned is the applicant/s **primary** place of residence
4. The completion in full of this application form
5. Provision of proof of income/expenses
6. **Suitable** arrangements for **regular** payments on the account

Industrial or commercial property will not normally be considered

Privacy Notification

Shoalhaven City Council, for Hardship Relief purposes, is collecting the information requested on this form. The information will be used solely by Council officials for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment of the information at any time.

<p>My application is for the payment of \$ _____ per week/fortnight/month toward reduction of the outstanding account</p> <p>Declared at _____</p> <p>On _____</p> <p>Before _____ Justice of the Peace</p> <p>Signed _____ Applicant's signature</p> <p>You should ensure you contact Council promptly if your circumstances change. This will ensure that Council does not take action to recover the amount outstanding if you do not adhere to the arrangement. Additionally you may not be entitled to relief under the new circumstances.</p> <p><i>When answering the following questions please use block letters and tick the appropriate box.</i></p>
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Name: _____

Address: _____

Postal Address: _____

Telephone: Home: _____

Work: _____

Mobile: _____

Email: _____

Property Address: _____

(if different to above)

Do you own the property:

- By Yourself
- With another person/s (spouse etc)
- Other - Please indicate details _____

Is the property:

- Residential Home
- Vacant Land
- Rural Land
- Other - Please indicate details _____

Value of House\Land \$ _____
Mortgage \$ _____

Do you have interest in any other properties:

Details including any rental collected

Are you currently employed:

- No. Go to next question
- Full time
- Part time/casual _____ hours per week
- Name of employer _____

Do you receive a pension or benefit:

- No. Go to next question
- Yes
Pension Number _____
Pension Type _____

Do you have a health benefits card:

- No. Go to next question

Yes
Card Number _____

Income Details

Wages/Salary after Tax	\$ _____	per week
Pension/Benefit	\$ _____	per week
Income (Spouse)	\$ _____	per week
Pension/Benefit (Spouse)	\$ _____	per week
Maintenance received	\$ _____	per week
Family Allowance	\$ _____	per week
Other (Give details)	\$ _____	per week
	\$ _____	per week
	\$ _____	per week
Total:	\$ _____	per week

Bank/Building Society Accounts

Name of Bank/Branch	Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Regular Expenses

Mortgage repayments	\$ _____	per week
Rent/Board	\$ _____	per week
Food	\$ _____	per week
Electricity	\$ _____	per week
Rates (Council & Water)	\$ _____	per week
Credit Card Repayments	_____	per week
Vehicle expenses inc petrol	\$ _____	per week
Private Medical Insurance	\$ _____	per week
Telephone	\$ _____	per week
Maintenance payments	\$ _____	per week
School expenses	\$ _____	per week
Insurance/Superannuation	\$ _____	per week
Other	\$ _____	per week
	\$ _____	per week
	\$ _____	per week
Total:	\$ _____	per week

Debts/Liabilities

(Personal loans, credit cards)

Owing To:		Balance:
_____	\$ _____ p/w	\$ _____
_____	\$ _____ p/w	\$ _____
_____	\$ _____ p/w	\$ _____
_____	\$ _____ p/w	\$ _____
_____	\$ _____ p/w	\$ _____

Total: \$ _____ p/w

Surplus/Deficit \$ _____ per week

Please give details of reasons or circumstances that have led you to make this application:

The information provided in this application is strictly confidential and will not be disclosed to any other organisation.