

Financial Hardship Rates Application

PRIVACY COLLECTION NOTICE: South Burnett Regional Council collects your personal information for the purpose of processing this form and for use in any Council matters. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will only be disclosed to a third party as per the South Burnett Regional Council Information Privacy Policy. **A hard copy of this electronic document is considered uncontrolled when printed.**

Applicant details				
Given/Surname	I/We			
Given/Surname				
Registered owner/s of the property	of			
Postal address				
Home/mobile number		Email		
Property details				
Property ID number		Assessment No.		
Property address				
The property for which I am claiming has been my sole/principal place of living since /...../.....				
Property description				
Lot number		Registered plan		
Next of kin contact details				
Given/Surname		Home/Mobile phone		
Property owners				
Enter full name/s of the register owner/s of property				
Given/Surname				
Occupation		Gross Weekly Income		
Given/Surname				
Occupation		Gross Weekly Income		
Given/Surname				
Occupation		Gross Weekly Income		
Given/Surname				
Occupation		Gross Weekly Income		
Please attach documentation to substantiate financial position. Certified copies of last two (2) Income Tax Assessments, statements from Centrelink verifying financial positions, recent payslips, or profit and loss statements.				
Other occupants of the property				
Please advise all Children and/or Other Occupants of the Residence				
Given/Surname/s	Age	Relation to Applicant	Occupation	Gross Weekly Income

Application

This application is for hardship rate relief for the whole or part of the year commencing: 1 July
 Please explain the changes in circumstances that have affected your ability to meet your rate commitments:

.....

How long have you been experiencing hardship?

Have you ever applied for Rate Assistance before?

Yes

No

If Yes, when?

What assistance was provided?

Level of Assistance sought:

Is the deferral of payment of Rates for 6 months?

Yes

No

Or for another set period: (insert number of months) or (Insert Date)

Assets

Present assets of all applicants

Assets	Details	Amount
Cash on hand		
Savings or cheque accounts (e.g., Bank, Building Society, Credit Union, please specify)		
All properties (incl. dwelling)		
Investments (e.g., bonds, shares)		
Motor vehicles, boat, caravan		
Other		

Liabilities/Debts

Please list all current debts of the applicants

Purpose of loan	Creditor Provider Names	Current Debt \$	Monthly Repayment	Arrears (if any)
Home loan				
Other mortgages				
Personal loans/hire purchase				
Credit cards				
Other liabilities				

Other Expenses

Please state details of weekly outgoings

Outgoings	Owed to	Amount
Credit cards		
Electricity costs		
Gas costs		
Health costs		
Council rates and charges		
Water Rates		
Education		
Rent		
Insurance		
Telecommunications		
Other outgoings		
Total Expenditure		\$

Applicant 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/We, (Given/Surname)

I/We, (Given/Surname)

Authorise Council to confirm with Centrelink the following details: Pension Number; Name; Address; Postcode, and that I/we am a valid concessional card holder/s.

I/we agree that, unless I/we 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/we may revoke this Customer Consent Record at any time by giving the Council written notice that my consent is revoked. I/we understand if I/we revoke this consent, I/we may not be eligible for the concession given by the Council. I/we acknowledge I/we have read and understood this Customer Consent.

Given/Surname		Signature		Date	
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Given/Surname		Signature		Date	
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Applicant Statutory Declaration

I/We
 Of

In the State of Queensland, do solemnly and sincerely declare all the answers to be true and correct and I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act of 1867*.

I/we hereby undertake to accept the procedures and the rulings of the South Burnett Regional Council and that the decisions of the South Burnett Regional Council are not subject to appeal.

Taken and declared

At		Signature	
Day of	20	Signature	
Before me	(Justice of the peace)	Signature	

Taken and declared

At		Signature	
Day of	20	Signature	
Before	(Justice of the peace)	Signature	

Information for applicant

This application will be deemed complete if all information sought is provided by you. Additional information that you may have that supports your application can be attached (See Checklist below):

Please indicate preferred repayment frequency Weekly Fortnightly Monthly

I/We have completed:

- | | |
|--|---|
| <input type="checkbox"/> Section 1 – Applicant/s | <input type="checkbox"/> Section 6 - Assets |
| <input type="checkbox"/> Section 2 - Property details | <input type="checkbox"/> Section 7 - Liabilities/Debts |
| <input type="checkbox"/> Section 3 - Property owner/s | <input type="checkbox"/> Section 8 - Other Expenses |
| <input type="checkbox"/> Section 4 - Other occupant/s of property | <input type="checkbox"/> Section 9 - Customer Consent (Pensioner) |
| <input type="checkbox"/> Section 5 - Application | <input type="checkbox"/> Section 10 - Statutory Declaration |
| <input type="checkbox"/> Attachments (if applicable) | |
| <input type="checkbox"/> Certified Annual Tax Assessments (last 2 financial years) | <input type="checkbox"/> Certified Pay Slip |
| <input type="checkbox"/> Certified Centrelink Statements | <input type="checkbox"/> Profit and Loss Statement |

Office Use Only – Corporate Services

Date Received		Application Number	
Manager name		Manager signature	