



## **Financial Hardship Application Form**

All information provided to Council will be treated confidentially

**Property Assessment Number** (Office use only) \_\_\_\_\_

Name/s 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

2) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Children's Ages (if applicable) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_

Property Address \_\_\_\_\_

Postal Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Telephone Numbers (Please tick the box of the telephone number you choose as your preferred point of contact)

(h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Please tick the box next to the account/s you want to be considered for hardship**

**Rates** Amount of account \$ \_\_\_\_\_ Balance owing \$ \_\_\_\_\_

**Special charge scheme** Amount of account \$ \_\_\_\_\_ Balance owing \$ \_\_\_\_\_

I/we offer to pay \$ \_\_\_\_\_ per week fortnight month quarter year

**Please note:** If this application is for both of these accounts then payments will go to the rates first and then the special charge scheme.

**Please provide the following information** This information is required to ensure a fair and equitable assessment of your application for financial hardship consideration

**1. List all the income that comes into the household** (Includes board, rent, interest etc)

<u>You</u>	Employment	Self employed	\$ _____ per	wk	f/n	mth
	Centrelink	Veteran Affairs	\$ _____ per	wk	f/n	mth
<u>Partner</u>	Employment	Self employed	\$ _____ per	wk	f/n	mth
	Centrelink	Veteran Affairs	\$ _____ per	wk	f/n	mth
<u>Other</u>	Details 1 _____		\$ _____ per	wk	f/n	mth
	2 _____		\$ _____ per	wk	f/n	mth

**2. Do you own any of the following assets? If so, please estimate their current value.**

Other Property / land (not the one relating to this application) Value \$ \_\_\_\_\_

Shares or other investments Value \$ \_\_\_\_\_

Deposits with banks or other financial institutions Value \$ \_\_\_\_\_

Superannuation fund/s Value \$ \_\_\_\_\_

Second family car and/or motor bike/s Value \$ \_\_\_\_\_

Other (boat, trailer, caravan, antiques, collectables etc.)

Details \_\_\_\_\_ Value \$ \_\_\_\_\_

**3. What are your current outstanding debts?**

Please list all creditors (excluding Bass Coast Shire Council rates and special charge scheme debts) or people you owe money to, the purpose of the loan or debt and the current amount outstanding.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

**Additional information:** Please provide any additional information that you feel is relevant to your application or will assist Council in assessing your application e.g. *unemployment, sickness, accident, family/relationship issues, legal action and/or issues, literacy problems,*

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**If you would like someone else to act on your behalf or be a part of your discussions regarding this application, please provide the following details.** (You will also need to complete a Privacy Consent Form)

Name \_\_\_\_\_ Contact phone No: \_\_\_\_\_

**Statement:**

I do solemnly and sincerely declare that to the best of my knowledge all the information I have provided in this document is true and correct.

Signature \_\_\_\_\_

Print your name \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** If an applicant intentionally provides inaccurate or misleading information to the Council during any stage of the application process, then Council can immediately revoke any assistance given, terminate any arrangement and seek reimbursement of any assistance given to the applicant.

**Please return this form via email to [rates@basscoast.vic.gov.au](mailto:rates@basscoast.vic.gov.au)**

Or address a plain envelope as follows:

“CONFIDENTIAL”

Specialist Revenue officer

Bass Coast Shire Council

PO Box 118

WONTHAGGI VIC 3995

Council collects and holds this Personal Information in accordance with the Privacy and Data Protection Act 2014 (Vic) Principles. By signing the Registration and Application forms, you acknowledge that you give permission for Council to hold the information you provide.