



Financial Hardship Application – Residential

About this form

Council recognises that some ratepayers may experience significant financial hardship. Council has adopted a [Financial Assistance Hardship Policy](#) to provide assistance in meeting their rates payment obligations to Council.

This form is to be completed by ratepayers of residential properties who are suffering financial hardship and wish to apply for assistance with rates. The information provided will enable Council to determine eligibility for financial hardship support.

How to complete this form

1. If you are applying for assistance for more than one property please complete an application form for each property.
2. Please ensure that all fields have been filled out.
3. Please demonstrate and provide evidence of financial hardship and circumstances.
4. Please describe the type of assistance being sought.

The Council reserves the right to request further supporting information should they require it for assessment of Hardship.

Upon assessment of this application, the Council may choose to offer:

- Deferment of rates payment
- Remission of interest and/or penalties
- Remission of rates (partial or full)

PART 1: Applicant Details	
Property Owner's First Name:	
Property Owner's Last Name:	
Property Address:	
Property Number (as appears on your rates notice):	
Postal Address (if different from above):	
Contact Phone Number:	Email Address:
Preferred Contact Method:	Email <input type="checkbox"/> Telephone <input type="checkbox"/> Australia Post <input type="checkbox"/>

Please indicate what type of rates assistance is being sought (circle):

Postponing rate payments (a deferral arrangement): Yes / No

Remission of late payment penalties or interest: Yes / No

Remission of rates in full or in part: Yes / No

PART 2: Declaration

Please provide the following information in support of this application:

Reason for experiencing financial hardship (e.g. loss of employment, serious illness, natural disaster, public health emergency or declared state of emergency, family tragedy, family breakdown, financial misfortune, other serious or complicating circumstances).

Please provide as much information as possible in support of your application:

Details of income and expenditure

Income – Gross weekly amounts received

Wages and salaries	\$ _____
Pension or other government benefits (please complete details below)	
Compensation/Superannuation/Insurance or Retirement Income	\$ _____
Spouse or partners income (if applicable)	\$ _____
Other incomes (e.g. rental income, child support)	\$ _____
Interest from banks, financial institutions and/or dividends	\$ _____
Total Weekly Income	\$ _____

Pension/Benefit details (if applicable)

Type of Pension/Benefit:

DVA or CRN Number:

Date of Issue:

Expiry:

Do you have a current pensioner remission on your City of Hobart rates?

Yes / No

Expenditure – weekly outgoings

Mortgages(s) (home and/or business) \$ _____

Other loans / credit cards \$ _____

Utilities (power, phone/internet, water, Council rates) \$ _____

Insurance(s) \$ _____

Other living expenses (food, petrol, school fees, health etc.) \$ _____

Total Weekly Expenses \$ _____

Evidence of Financial Hardship

Please attach as much information as possible in support of this application, which could include:

- Evidence of you qualifying for Job Keeper or Job Seeker support.
- Copy of recent bank statements for all accounts held (PDF, JPG).
- Letter from a recognised financial counsellor or planner confirming hardship.
- Statutory declaration from an independent professional, familiar with your circumstances.
- Documentation such as a statutory declaration from a person familiar with the applicants financial circumstances (e.g. family doctor, accountant, bank officer etc.).
- Pending disconnection of essential services.
- Notice of impending legal action.
- Letter from charitable organization regarding loss of employment or inability to provide for basic necessities.
- Letter from doctor verifying inability to earn income due to illness or carer responsibilities.
- Repossession notice of essential items, like a car.

Details of other evidence demonstrating you are experiencing financial hardship (please describe):

I declare that the answers, information and documentation provided are true and correct.

SIGNATURE: _____ DATE: _____

PART 3: Privacy and Personal Information Protection Notice

Purpose of Collection: For assessment of financial hardship applications.
Intended recipients: City of Hobart staff.
Supply: Voluntary. The information supplied in this application will enable a financial hardship application to be assessed by the City of Hobart.

The personal information that Council is collecting from you is deemed personal information for the purpose of the Personal Information Protection Act 2004.

Lodgment Details

Please submit the application form, together with supporting information via:

- Online form at www.hobartcity.com.au
- Emailed to rates@hobartcity.com.au; or
- Mailed to GPO Box 503, Hobart TAS 7001

For more information or to enquire about your application, please contact the City's Rates Unit on:

Phone: 03 6238 2787

Email: rates@hobartcity.com.au

or visit the City's website at: www.hobartcity.com.au/Council/Rates

OFFICE USE ONLY

Balance of Rates:

Annual Rates Amount:

Approved:

Applied:

Confirmation Sent: