

## Financial Hardship Application – Commercial / Organisation

### About this form

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

Please use this form if you are a ratepayer of a business or organisation who is suffering financial hardship and would like to apply for assistance with rates. The information you provide will allow us to determine eligibility for financial hardship support. Owner landlords are also able to apply on behalf of commercial tenants who are under financial hardship on the condition that rates assistance is passed on to the tenants.

### How to complete this form

1. Please complete a separate application 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.

### What happens next?

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
- A payment arrangement

The property owner or ratepayer should complete this form and provide details as the applicant.

<b>PART 1: Applicant Details – Company / Business</b>
Name of Property Owner(s):
Company Name:
Trading Name (if different):
Contact Person (Full Name):
Contact Person (Title/Position):
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"/>

Who is currently paying the rates for this property

Me – the owner

Tenant – Commercial\*

\*If the tenant(s) is currently liable under a commercial tenancy arrangement you have with them, please provide details of the tenant(s) and any supporting documentation in evidence of this lease agreement.

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

A payment arrangement: Yes / No

I agree to transfer rates assistance to my tenants.

Yes / Not applicable

## PART 2: Declaration

Please provide the following information in support of this application:

Reason for experiencing financial hardship (e.g. business closure, loss of income, 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.

### Evidence of Financial Hardship

The type of evidence required to support an application includes the following. Items marked with an (\*) are mandatory and must all be included when applying:

- A statutory declaration from someone who is familiar with the applicant's circumstances (e.g. a family doctor for health-related evidence, a bank official, insurance policy manager, Government agency, etc.);
- (\*) Commercial lease agreements, if applicable;
- Statement from company accountant;
- (\*) Details of business closure, if applicable;
- Notice of impending legal action;
- Bank notice for example, overdraft call or mortgaged property repossession;
- (\*) Evidence of support being provided to tenants, if applicable;
- (\*) Evidence to the satisfaction of the Chief Executive Officer of the quantum of income loss compared to the same period last financial year and the impact this has on the business.
- Audited or unaudited financial statements (for the current and previous financial year), including the most recent monthly profit and loss and balance sheet information with comparatives;
- Cash flow statements with comparatives.

☐ 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*.

Applications for financial hardship will be treated in accordance with Council's Privacy Policy.

### Lodgment Details

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

- Online form at: [www.hobartcity.com.au](http://www.hobartcity.com.au)
- Emailed to [coh@hobartcity.com.au](mailto:coh@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 2711

Email: [coh@hobartcity.com.au](mailto:coh@hobartcity.com.au)

Or visit the City's website at: [www.hobartcity.com.au/Council/Rates](http://www.hobartcity.com.au/Council/Rates)

### OFFICE USE ONLY

**Balance of Rates:**

**Annual Rates Amount:**

**Applied:**

**Approved:**

**Confirmation Sent:**