

# Financial Hardship Application - Residential

#### About this form

Council recognises that some ratepayers may experience significant financial hardship. Council has adopted a <u>Financial Hardship Assistance Policy</u> to provide assistance to ratepayers in meeting their rates payment obligations to Council.

Please use this form if you are a ratepayer of a residential property who is suffering financial hardship and would like 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. 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.

#### 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.

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:	

		Email		
	Preferred Contact Method:	Telephone		
		Australia Post		
Ple	ease indicate what type of rates assistance is being soug	ıht (circle):		
Postponing rate payments (a deferral arrangement):		Yes / No		
Remission of late payment penalties or interest:		Yes / No		
A payment arrangement:		Yes / No		
Ple	ease indicate who occupies your property?	Me (the applicant) / Tenants		
Р	ART 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 government 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 organisation 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.
- Employer notice of redundancy or termination of employment.
- Official eviction notice.
- Overdue medical bills.
- Funeral expenses.

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*.

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
- Emailed to 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: <a href="mailto:coh@hobartcity.com.au">coh@hobartcity.com.au</a>

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: