



HARDSHIP RATE RELIEF APPLICATION

FOR THE WHOLE OR PART OF THE YEAR
COMMENCING 1 JULY 20__

Please answer all questions relevant to your application by using block letters and ticking appropriate boxes.

DECLARATION

Rates Assessment Number

I,

Full Name

of

Address

Telephone No

apply for a pension concession on the basis of financial hardship.

Property Description (*Lot DP/SP as shown on Rate Notice*)

1. Do you receive any pensions or benefits?

Yes No

If Yes, please provide type of pension and amount received per fortnight.

Pension

Amount

\$

2. Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government?

Yes No

Pension No.

Card Start

OR

I am NOT the holder of a Pensioner Concession Card (PCC) as my pension is issued by the Department of Veterans Affairs.

Pension No

Date of Grant

3. Have you claimed a Pensioner Concession on any other property this financial year?

Yes No

If YES, please state the address of the other property.

Suburb

State

4. The property for which I am claiming has been my sole/principal place of living since

5. I am liable for the payment of Rates and Charges on this property, together with others as listed below

If no others, please write Sole Owner.

Please provide details of all other persons indicated in Question 5. All owners other than the applicant should be listed, including your spouse.

Name	PCC Holder (Y/N)	Pension No	Date of Grant	Relationship (e.g. Spouse)	Resident (Y/N)	% Owner

Evidence of joint ownership is attached/has been provided to Council previously (circle whichever is applicable)

6. Is the property owned as shares in a company title?

Yes No

If you do not own the property, please explain why you are liable to pay the rates.

7. Are there people living at the property other than those listed at Question 5?

Yes No

8. Please indicate who these people are

- Self
- Spouse
- Children
- Boarders
- Relatives
- Other (please specify)

9. Do you own (either fully or partially) any otherland or buildings?

Yes No

If yes, list addresses of other land or buildings

10. How many children do you support?

Please state age

11. What is the cause of your financial hardship?

12. How long have you been experiencing hardship?

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13. Please state gross weekly amount received in dollars and cents from the following sources of income

a) Pensions and Benefits	\$
b) Compensation, Superannuation Insurance or Retirement Benefits	\$
c) Spouse's income	\$
d) Other residents of the property	\$
e) Full-time/Casual/part-time employment	\$
f) Family Payment - Centrelink	\$
g) Interest from Banks/Credit Unions/Building Societies	\$

14. Please provide name and current balance of all Bank, Credit Union or Building Society accounts held by you.

15. Please state details of weekly outgoings

Outgoing	Owed to	Amount
Rent / Home Loan		\$
Other Mortgages		\$
Personal Loans/ Hire Purchase		\$
Health Costs		\$
Council Rates and Charges		\$
Total		\$

Please attach a separate page with any other relevant information you feel may assist your application

I, HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

Signature

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Date

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If you make a false statement in your application you may be guilty of an offence and fined up to \$2,200.00.

CUSTOMER CONSENT

For the sole purpose of authorising Council to confirm with Centrelink whether or not the details I have provided to Council matches Centrelink or other Commonwealth Portfolio Department or Agency records in relation to the current status of my Commonwealth Benefit.

I, authorise Council to
(Full Name)

confirm the following personal details with Centrelink

- * Pension Number
- * Full Name
- * Address
- * Postcode, and
- * That I am a valid concessional card holder.

I agree that, unless I revoke my consent, this Customer Consent Record is a permanent consent, and may be relied on by Council until such time as I revoke it.

I may revoke this Customer Consent Record at any time by giving Council **written** notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by Council.

I acknowledge I have read and understood this Customer Consent record.

Signature

Date

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998

Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for a Hardship Rate Relief Concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for a Hardship Rate Relief Concession can be processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, please contact Council's Customer Service Centre. The information contained or referred to in this application form may be corrected and updated by you, by contacting Council.

PURPOSE OF THIS FORM

This form is to be completed by Ratepayers wishing to receive a concession on Council Rates and eligible Ratepayers are entitled to receive up to \$250.00 on ordinary rates and charges for domestic waste management services.

Generally, the concessions are available to eligible pensioners, however concessions may be granted to Ratepayers suffering financial hardship in certain circumstances.

The information provided by completing this form will enable Council to determine eligibility to receive a concession and the level of concession the Ratepayer is entitled to.

PRIVACY STATEMENT

You will need to provide personal information to Council in respect of this application. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles and other relevant requirements of the PPIPA. For further clarification please contact Council's Customer Service Centre.