

Approved by the Director General of the Office of Local Government, in accordance with clause 135 of the Local Government (General) Regulation 2005 under the Local Government Act, 1993.

APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20___

Please answer all questions relevant to you using block letters and ticking appropriate boxes.

RATE ASSESSMENT NO. (Full name in block letters) Ι, of (Address) Telephone no. ______ apply for a concession on the basis of financial hardship. For the purposes of this application, I state the following information which I believe to be correct. **PENSION BENEFIT DETAILS** Do you receive any pensions or benefits? □ Yes 1. If yes, please provide type of pension and amount received each fortnight. Pension: ______ Amount: ______ Do you have a current Pensioner Concession Card issued 2. by the Commonwealth Government? □ Yes □ No PCC No: _____ Date of Grant: _____ IF YOU HAVE A PENSIONER CONCESSION CARD, YOU DO NOT NEED TO CONTINUE COMPLETING THIS FORM – PLEASE OBTAIN CORRECT FORM FROM COUNCIL. IF NOT. PLEASE CONTINUE

OWNERSHIP OR RESIDENCY DETAILS 3. Is this property your sole or principal place of living? □ Yes □ No 4. Do you rent the property? □ Yes □ No Do you own the property? a) by yourself □ Yes □ No 5. b) with a spouse □ No □ Yes c) with other person/s □ Yes □ No

If your answered yes to b) or c) above, please provide details of all other owner/s and the % owned by each person.						he %		
Ν	lame	Pension Type	Pension No.		Date Gra			are (%) nership
					Gra	mu	owr	iersnip
Please a	ttach evide	nce of joint ownership.		·				
6.	Is the prop	perty owned as shares in a	a company title?			Yes		No
7.	How many people live at the property?							
8.	Please inc	licate who these people a	re?					
9.	buildings?	Self Spouse Children (State ages Boarders Relatives Other (please specify) _ n (either fully or partially)				Yes		No
OTHER	DETAILS							
10.	_	v children do you support?	? Sta	ate ages	s:			
11.		e cause of financial hards						

12. How long have you been experiencing hardship?

INCOME

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

 Pensions and benefits 	\$
 b) Compensation, superannuation insurance or retirement benefits 	\$
c) Spouse's income	\$
d) Income of other residents of the property	\$

- e) Casual/part-time employment \$_____
- f) Other, please specify

\$_____

14. Please provide name and current balance of all financial institution accounts held by you.

Name	Balance

OUTGOINGS						
15. Please state details of fortnightly outgoings.						
Outgoing O	wed to Amount					
Rent/Home Loan	\$					
Other Mortgages	\$					
Personal loans/Hire purchase	\$					
Health costs	\$					
Council rates and charges	\$					
Please attach a separate page with any other relevant information you feel may assist with your application which may include other outgoing expenses not covered above.						
I hereby declare that the information provided is true and correct. If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.						

Signature

Date

IMPORTANT NOTICE

CUSTOMER CONSENT

For the sole purpose of authorising the council to confirm with Centrelink whether or not the detail I have provided to the council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

_____ authorise the council to confirm with Centrelink the following details:

- Pension Number
- 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 the council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the 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 the council.

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

Signature: _____ Date: _____

Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10)

The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enguiries concerning this matter can be addressed to Council by telephoning 4995 7777.