



Financial Hardship Relief Application Form

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

APPLICATION FOR FINANCIAL HARDSHIP 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 the appropriate boxes. Once completed return this form marked to the attention of the Revenue Accountant

Reference Number/s					
Applicants Details	Surname or Company				
	Given Name/s				
	Postal Address				
	Suburb				
	State		P/Code		
	Telephone no				
	Email				
Property Description	Lot		(DP) Plan		
Do you have a current Pensioner Concession Card issued by the Commonwealth Government or receive any pension / benefits?	<input type="checkbox"/> Yes (see below) <input type="checkbox"/> No				
	PCC No.		Date of Grant		
	Pension		Amount	\$	
Have you claimed a pensioner concession on any property this year within the Campbelltown local government area?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, state the property address				

<p>I am claiming relief from penalties associated with my outstanding balances in accordance with Council's Financial Hardship Relief Policy.</p>	<p><input type="checkbox"/> I have made regular payment arrangements to pay my outstanding rates and charges within a period of 12 months; I understand that Council will waive accrued interest charges during this period subject to me adhering to my scheduled payment arrangement</p> <p><input type="checkbox"/> As a result of significant changes in my land valuation, I am experiencing difficulties in making rate payments and request that interest accrued over the next 18 months be reduced by one half.</p> <p><input type="checkbox"/> I have made arrangements to clear my outstanding sundry debtor invoices over the next 12 months; I understand that Council will waive the Statement Administration Fee during the period of my arrangement.</p> <p>NOTE: The period of relief in accordance with Council's policy commences on the date this application is signed and returned to Council.</p>		
<p>Is your postal address, your principle place of living?</p>	<p><input type="checkbox"/> Yes, number of years _____ <input type="checkbox"/> No</p>		
<p>Is the property owned as shares in a company title?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>If you DO NOT own or rent the property, please explain why you are liable to pay the rates?</p>	<p> </p> <p> </p> <p> </p> <p> </p>		
<p>Are there people living at the property other than you and your spouse?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate who these people are:</p> <p><input type="checkbox"/> Children <input type="checkbox"/> Boarders <input type="checkbox"/> Relatives</p> <p><input type="checkbox"/> Other (Please specify) _____</p>		
<p>How many children do you support?</p>	<p> </p>	<p>State their age/s</p>	<p> </p>

Do you own (either fully or partially) any other land or buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state address/es:		
What is the cause of your financial hardship?	 		
Please state your gross weekly amount received in dollars and cents from the following sources of income:	Full time employment	\$	
	Compensation, superannuation insurance or retirement benefits	\$	
	Spouse's income	\$	
	Income of other residents of the property	\$	
	Casual/part time employment	\$	
	Family allowance, pension or benefits	\$	
	Interest from banks/credit unions/building societies	\$	
	Other	\$	
Please provide name and current balance of all bank, credit union or building society accounts held by you	 		
Please state details of fortnightly outgoings	Outgoing	Owed to	Amount
	Rent/Home Loan		\$
	Other mortgages		\$
	Personal loans/Hire purchase		\$
	Health Costs		\$
	Council rates and utility charges		\$
	Food		
Please attach a separate page with any other relevant information you feel may assist your application			
Signature		Date	