

SECTION 1 - APPLICANT

FORM HARDSHIP RATE RELIEF APPLICATION



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 not voluntary and if you cannot provide or do not wish to provide the information supply, the Council will be unable to process your application 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. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

Applicant	l,		(Full name)			
	of		(Address)			
	(Mobile)		(Telephone)			
			(Email)			
	Apply for rate hardship relief on the basis of financial hardship.					
SECTION 2 -	- PROPERTY DETAILS					
Assessment	Council Rates Assessment Number					
Description	Property address					
	The property for which I am claiming has been my sole/principal place of living since/					
SECTION 3 -	- APPLICATION					
Application	This application is for hardship rate relief for the whole or part of the year commencing 1 July 20					
	What is the cause of financial hardship (eg unemployment, illness)					
	How long have you been experiencing hardship?					
SECTION 4 -	- INCOME AND EXPENDITURE					
Pension or Allowances	Do you have a current Pensioner Concession Card (PCC) issue the Commonwealth Government?	ed by Yes	□ No			
	If 'Yes', type of pension or benefit					
	If 'Yes', PCC Number (attach copy)					
	Date of Grant					
	Have you claimed a Pension Concession on any other property year in any other local government area?	this Yes	□No			
	If 'Yes', state the address of the property					



SECTION 4 -	· INCOME AND EX	(PENDI	TURE (Con	tinued)				
Statement	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)							
	ALL OWNERS other than the applicant should be listed below, including your spouse							
	Name	PPC Holder Yes / No	Pension Number	Date of Grant Relationshi (spouse, fi		Resident of Property (Yes / No)	Percentage of Ownership	
	Do you own (either fully or partially) any other land or buildings				□ No			
	If 'Yes', list addresses							
	How many children do you support?							
	State ages:							
Income from all								
sources	My net weekly income received in dollars and cents from all sources of income is: \$ Sources of income include:							
	a Wages Total income \$					\$		
	b Pensions and benefits			Total income				
c Compensation, superannuation, insurance or			r retirement benefits	s Total income	\$			
				Total income	\$			
	e Income of other residents of the property			Total income	\$			
	f Casual / Part-time e	al / Part-time employment			Total income	\$		
	g Family allowance			Total income	\$			
	h Interest from Banks, Credit Unions, Building Societies			Total income	\$			
	i Other				Total income	\$		
	** Please provide copy of current pay advice							
Savings	Total savings held in Ba	ank, Credit	Union or Build	ling Society	Total savings	\$		



Expenditure	Please state details of weekly outgoings:					
	Outgoings	Owed to	Amount			
	Rent/Home Loan					
	Other mortgages					
	Personal loans/Hire Purchase					
	Credit Cards					
	Electricity costs					
	Gas costs					
	Health costs					
	Council rates and charges					
	Water Rates					
	Other outgoings					
		Total Expenditure	\$			
Income Less		Total Income				
Expenditure		_				
		Total Expenditure				
		TOTAL	\$			
SECTION 5	- CUSTOMER CONSENT	(Pensioner)				
SECTION 5	For the sole purpose of authoris	ing the Council to confirm with Centrelink whether or no Centrelink or other Commonwealth portfolio department				
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SECTION 5	For the sole purpose of authoris provided to the Council matches in relation to the current status of I,	ing the Council to confirm with Centrelink whether or not Centrelink or other Commonwealth portfolio department my Commonwealth Benefit: ith Centrelink the following details: Pension Number	or agency record			
SECTION 5	For the sole purpose of authoris provided to the Council matches in relation to the current status of I, Authorise Council to confirm w Postcode, and that I am a valid of I agree that, unless I revoke my be relied on by the Council until stime by giving the Council writter	ing the Council to confirm with Centrelink whether or not Centrelink or other Commonwealth portfolio department my Commonwealth Benefit: ith Centrelink the following details: Pension Number	(Full Name r; Name; Address consent, and mansent record at anyoke this consent,			
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Signature	For the sole purpose of authoris provided to the Council matches in relation to the current status of I, Authorise Council to confirm we Postcode, and that I am a valid of I agree that, unless I revoke my be relied on by the Council until stime by giving the Council writter may not be eligible for the conce Customer Consent.	ing the Council to confirm with Centrelink whether or not Centrelink or other Commonwealth portfolio department my Commonwealth Benefit: ith Centrelink the following details: Pension Number oncessional card holder. consent, this Customer Consent record is a permanent such time as I revoke it. I may revoke this Customer Control notice that my consent is revoked. I understand if I revision given by the Council. I acknowledge I have read a	(Full Name r; Name; Address consent, and mansent record at anyoke this consent, and understood this			
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SECTION 7 – INFORMATION FOR APPLICANTS					
Council will accept this application if all information sought is provided by you. Additional information that you may have that supports your application can be attached (See Checklist below):					
Please indicate preferred repayment frequency	Weekly Fortnightly		Monthly		
I HAVE COMPLETED:					
	SECTION 1	Applicant			
	SECTION 2	Property Details			
	SECTION 3	Application			
	SECTION 4	Income and Expenditure			
		Pension or Allowance			
		Statement			
		Income from all sources			
		Pay advice			
		Savings			
		Expenditure			
		Income less Expenditure			
		Customer Consent (Pensioner)			
,	SECTION 5	Declaration			

Postal: Locked Bag 8821 Wollongong DC NSW 2500 Web: www.wollongong.nsw.gov.au