



Financial Hardship Application

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Use this form if you are experiencing circumstances which adversely impact your ability to pay your account on time and would like to apply for instalment plan for a period of 12 months or less.

Account holders requesting an arrangement that exceeds 12 months should contact the council to discuss their circumstances and available options before submitting this form. All applications are assessed on a case-by-case basis and the council will endeavour to negotiate a solution that is mutually agreeable.

Applicant Details

Individual applicants must be the holder of a rates or sundry debtor account with Ku-ring-gai Council. Organisation or business applicants must be a Company Director or an authorised delegate.

Property number:

Property description (Lot/Plan):

Property address:

Full name:

Postal address:

Mobile:

Email:

Do you receive any pensions or benefits?

Yes

No

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

Pension type:

Amount:

Do you have a current Pensioner Concession Card (PCC)?

Yes

No

Have you claimed a pensioner concession on any other property this year?

Yes

No

If yes, state the address of the other property:

Property address:

Is this property your sole or principle place of living?

Yes

No

The property for which I am claiming has been my sole/principle place of living since:

I am liable for the payment of rates and charges on this property, together with others as listed below
(If no others, write 'sole owner')

Evidence of joint ownership: Attached Has been provided to council previously

Please provide details of all joint owners (All owners other than the applicant should be listed, including your spouse)

Joint owner 1 (eg, spouse, father, co-owner, etc)

Name:

PCC holder: Yes No Pension no:

Date of grant:

Relationship:

Resident of property: Yes No % of Ownership:

Joint owner 2 (eg, spouse, father, co-owner, etc)

Name:

PCC holder: Yes No Pension no:

Date of grant:

Relationship:

Resident of property: Yes No % of Ownership:

Joint owner 3 (eg, spouse, father, co-owner, etc)

Name:

PCC holder: Yes No Pension no:

Date of grant:

Relationship:

Resident of property: Yes No % of Ownership:

Are there people living at the property other than those listed above? Please indicate who these people are:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Do you own (either fully or partially) any other land or buildings? If yes, list addresses:

How many children do you support?

Please state ages of children

What is the cause of financial hardship?

How long have you been experiencing hardship?

Please state gross monthly amount received in dollars and cents from the following sources of income

Full-time/casual/part-time employment	\$
Spouse's income	\$
Pensions and benefits	\$
Compensation, superannuation insurance or retirement benefits	\$
Income of other residents of the property	\$
Family allowances	\$
Interest from banks/credit unions/building societies	\$

Please state monthly outgoing amounts in dollars and cents

Rent/mortgage	\$
Other mortgages	\$
Personal loans / hire purchase	\$
Health costs	\$
Utilities	\$
Other expenses	\$

I hereby declare that the information provided is true and correct. (Please mark with an 'x')

If you make a false statement in an application you may be guilty of an offence.

Payment Arrangement Agreement

- Please indicate preferred payment amount and frequency below. This amount will be reviewed and is subject to council approval.
- If Council becomes aware of any ratepayer or individual providing false or misleading information to gain assistance for which he or she would otherwise not be eligible, the agreement with Council will become null and void.
- Legal action to recover a debt may be taken upon nonadherence of the agreed payment arrangement.
- Hardship Applications will be reviewed as required and may ask you to provide up to date information each financial year on a hardship application form.

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1998.

I acknowledge I have read and understood the arrangement agreement. (Please mark with an 'x')

Proposed amount

Payment frequency

Name:

Signature:

Date:

Supporting documentation and declaration (Please attached to application)

Individual Applicant

- Evidence of income: tax return, recent payslips
- Current statement showing balance of all bank, credit union, or building society accounts held by you
- Centrelink Statement (if applicable)
- Pensioner Concession Card (if applicable)
- Medical certificate or letter from GP (if financial hardship is due to a medical condition)

Organisation or Business Applicant

- Bank statements
- Tax returns or Business Activity Statements
- Audited financial statements (income statement, balance sheet, cash flow)
- Any other documentation which supports application

Support services

If you are experiencing financial hardship the support services listed below may be of assistance:

Financial Advice, including financial counsellor search function

www.moneysmart.gov.au

Legal Aid service

www.legalaid.nsw.gov.au

www.clcnsw.org.au