DOUGLAS SHIRE COUNCIL
Phone: 07 4099 9444
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Web: www.douglas.qld.gov.au
Postal: PO Box 723 Mossman Qld 4873
Office: 64-66 Front St Mossman

Rates and Charges Financial Hardship Application

For this application, you MUST:

- Complete all questions on this form;
- Provide any mandatory supporting information identified on the form as being required to accompany your application.

Prior to completing this form please contact Council's rates department to see if the Standard arrangement to pay option is suitable for you

Please allow 10 working days for processing

SECTION 1 – PROPERTY DETAILS

Assessment Number:

Property Address:

SECTION 2 - PROPERTY OWNER DETAILS

Full Name Applicant / Owner 1:

Relationship to Other Owners:

Date of Birth:

Residential Address:

Postal Address:

Telephone: Mobile:

Email:

SECTION 3 – DETAILS OF ALL OTHER OWNERS (as indicated on Rate Assessment)

To add additional owners, attach details to this form.

Full Name Owner 2:

Relationship to Other Owners:

Date Of Birth:

Full Name Owner 3:

Relationship to Other Owners:

Date Of Birth:

SECTION 4 – PROPERTY

	Applicant/Owner 1	Owner 2	Owner 3
Is this property your Principal Place of residence?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you a Pensioner?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes Centrelink or Veterans Affairs?			
Pensioner Only: if this is your principle place of residence, have you applied for the State Government and Council Pension Rates Subsidy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is this property currently for sale?	☐ Yes ☐ No		

Section 5 – SUMMARY OF FINANCIAL POSITION

ASSETS

Do you own any other properties? ☐ Yes ☐ No	If yes provide details below. (i.e. Address, Valuation)
Do you own any other substantial assets? ☐ Yes ☐ No	If yes provide details below (i.e. Boat, Caravan)
Do you own a motor vehicle? ☐ Yes ☐ No	If yes provide details below Make and Model: Value: $ Make and Model: Value: $

SAVINGS

Total of funds at Bank, Credit Union, Term Deposit	$
Total of Shares/Investments	$
Cash at hand	$

INCOME

	Fortnightly
Centrelink Pension, Benefit or Allowance Type of Benefit:	$
Fortnightly Board Payments or Rent (including holiday rental)	$
Fortnightly Employment Income: ☐ Full-time ☐ Part-Time/Casual ☐ Self Employed	$
Fortnightly household income/dependents:	**$**

Name	**Relationship**	**Age**	**Fortnightly Income**	**Contribution to Liabilities / Debts**
			$	$
			$	$
			$	$
		Total	**$**	**$**

Liabilities / Debts:

Please list all outstanding debts and amounts outstanding and/or current payment arrangement per fortnight

Debt owed to	**Type of Debt**	**Payment per fortnight**	**Total Amount**
Douglas Shire Council	Rates	$	$
Douglas Shire Council	Water Rates	$	$
	Home Loan Re-payments	$	$
	Electricity	$	$
	Credit Cards	$	$
	Personal Loans	$	$
	Other	$	$

SECTION 6 – APPLICATION

Have you contacted Council's Rates department to discuss a standard arrangement to pay option? ☐ Yes ☐ No	
How long have you been experiencing hardship:	
Have you ever applied for rate assistance from Douglas Shire Council before (excluding Pensioner remissions)? ☐ Yes ☐ No	If Yes, when and what assistance was provided?
Have you explored any alternative avenues for assistance e.g. early release of superannuation, mortgage relief loan? ☐ Yes ☐ No	If Yes, please provide details:
Are you currently receiving any financial counselling? ☐ Yes ☐ No If yes, please advise type: ☐ Social worker ☐ Financial counsellor	Name of Organisation: Name of Counsellor: Address: Telephone: Email:
What form of financial relief are you requesting from Council:	☐ Interest Freeze, no longer than 6 months ☐ Deferment of Rates and charges, no longer than 6 mths (interest still accrues on this option) ☐ Other (please explain):

Please comprehensively explain the changes in circumstances that have affected the ability to meet your rate commitments. Also explain your financial plan to get your rates up to date if granted rate assistance by Council.

SECTION 7 – APPLICATION EVIDENCE CHECKLIST:

The applicant must provide evidence of financial hardship. Please tick what you have included with this application. Failure to provide this evidence, may result in your application being denied.

	Applicant Supplied	N/A	Officer Checked
Copy of most recent pay slip, government benefit statement	☐	☐	☐
Medical practitioner or health profession letter (if applicable)	☐	☐	☐
Letter confirming financial hardship from a recognised financial counsellor or financial planner (if applicable)	☐	☐	☐
Letter from Employer (if applicable)	☐	☐	☐
Any other supporting documentation considered relevant in supporting this request	☐	☐	☐

DECLARATION

I, the Applicant named in this form, declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department regarding any matters relevant to this application.

Please note: 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 and legal action to recover debt may be taken.

This application must be signed by all property owners:

Applicant/Owner 1 Signature:		**Date:**	
Applicant/Owner 2 Signature:		**Date:**	
Applicant/Owner 3 Signature:		**Date:**	

Douglas Shire Council – Privacy Collection Notice:
Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

OFFICE USE

☐ Assessment number written on form ☐ ALL Questions answered	☐ Copies of documentation attached ☐ Check rates database and ensure all details are correct

Financial Assistance Information Sheet

www.ndh.org.au

Financial Counselling Australia has developed a self-help website which provides letter templates, fact sheets, information on financial counselling services and a debt management self-help tool.

Self Help

The Consumer Action Law Centre is a not-for-profit provider of phone based financial counselling services.

The financial counselling hotline can be reached on free call **1800 007 007.** The free hotline is open from 9.30am to 4pm, Monday to Friday

The centre can also direct callers to their closest local in-person service.

Queensland Government	**Queensland Government – Financial Assistance** https://www.qld.gov.au/community/losing-your-job-income/financial-assistance/ Telephone: 13 74 68
Lifeline Saving Lives Crisis Support. Suicide Prevention.	**Lifeline** https://toolkit.lifeline.org.au/topics/financial-stress/support-services-for-financial-stress Telephone: 13 11 14
THE SALVATION ARMY	**The Salvation Army** https://salvos.org.au/need-help/financial-assistance/ Telephone: 1300 363 622
moneysmart .gov.au	**Money Smart** https://www.moneysmart.gov.au/tools-and-resources
Queensland Government	**Queensland Government - Mortgage Relief Loan** https://www.qld.gov.au/housing/buying-owning-home/mortgage-relief-loan/ Telephone: 1300 654 322
Australian Government Australian Financial Security Authority	**Australian Financial Security Authority** https://www.afsa.gov.au/i-cant-pay-my-debts/debt-help/where-find-help-managing-debts
NATIONAL DEBT HELPLINE 1800 007 007	**Financial Counsellor** 1800 007 007