

Rates Financial Hardship Application

Please complete all questions as the information provided will assist Douglas Shire Council to process your application. The information contained in this form is confidential and will not be used for any purpose other than consideration for assistance. All questions MUST be answered (if applicable), if there is insufficient space please add additional paper. If you have no information for a question, please indicate "Not Applicable" or "N/A" .

SECTION 1 - DETAILS OF APPLICANT

Full Name **Applicant / Owner 1** :

Relationship to Other Owners:

Date Of Birth:

Occupation:

SECTION 2 - DETAILS OF ALL OTHER OWNERS (as indicated on Rate Assessment)

Full Name **Owner 2**:

Relationship to Other Owners:

Date Of Birth:

Full Name **Owner 3**:

Relationship to Other Owners:

Date Of Birth:

SECTION 3 - CONTACT DETAILS OF APPLICANT

Postal Address:

Telephone:

Mobile:

Fax:

Email:

SECTION 4 - PROPERTY DETAILS

Assessment number:

Property Address:

| | Applicant 1 | Owner 2 | Owner 3 |
|---|--|--|--|
| Is this property your Principle Place of residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a Pensioner? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this property currently for sale? | <input type="checkbox"/> Yes <input type="checkbox"/> 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: \$

SAVINGSTotal of funds at Bank, Credit Union,
Term Deposit

\$

Total of Shares/Investments

\$

Cash at hand

\$

INCOME

Centrelink Pension, Benefit or Allowance

Please state type of income (i.e New Start) and \$ amount received fortnight

\$

Board Payments or Rent, Air BNB

\$

Employment Full time, Part time, Self
Employed*Please state type of employment and \$ amount received fortnightly*

\$

Fortnightly household income/dependents:

| Name | Relationship | Age | Income F/N | Contribution to Liabilities / Debts |
|------|--------------|--------------|------------|-------------------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | Total | \$ | \$ |

Liabilities / Debts:*Please list all outstanding debts and amounts outstanding and/or current payment arrangement per f/night*

| Debt owed to | Type of Debt | Payment per f/n | Total Amount |
|-----------------------|-----------------------|-----------------|--------------|
| Douglas Shire Council | Rates | | |
| Douglas Shire Council | Water Rates | | |
| | Home Loan Re-payments | | |
| | Electricity | | |
| | Credit Cards | | |
| | Personal Loans | | |
| | Other | | |

APPLICATION

| | |
|--|---|
| How long have you been experiencing hardship: | |
| Have you ever applied for rate assistance from Douglas Shire Council before (excluding Pensioner remissions)? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details: _____ _____ |
| Are you currently receiving any financial counselling? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please advise type: Social Worker or Financial Counsellor Name of Organisation: Name of Counsellor: Address: Telephone: Email: |
| What form of financial relief are you requesting from Council: | <input type="checkbox"/> Interest Freeze, no longer than 6 months <input type="checkbox"/> Deferment of Rates and charges, no longer than 6 months 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.

APPLICATION EVIDENCE CHECKLIST:

The applicant must provide evidence of financial hardship, including (but not limited to):

please tick what you have included with this application, failure to provide this evidence, may result in your application being denied.

| | | |
|--|------------------------------|-----------------------------|
| • Copy of most recent pay slip, government benefit statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Medical practitioner or health profession letter (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Letter confirming financial hardship from a recognised financial counsellor or financial planner (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Letter from Employer (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Any other supporting documentation considered relevant in supporting this request | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

APPLICANTS DECLARATION

**Oaths Act 1867
Statutory Declaration**

**QUEENSLAND
TO WIT**

I, _____

Of _____,

in the State of _____ do solemnly and sincerely declare that the information provided in the attached application is a true and correct record of my/our financial situation.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

Applicant Signed: _____

Dated: _____

Declarer

Taken and declared before me at _____ this _____ day of _____ 20____ before me.

Signed: _____

Justice of the Peace/Commissioner for Declarations

Please note: If Council becomes aware of any ratepayer or individual providing false or misleading information in order 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.

Please note: If your application is not signed by applicant and all other owners and if your statutory Declaration above is not witnessed by a Justice of the Peace or a Commissioner of Declarations, it will be returned to you.

| | | | |
|--|--|-------|--|
| Signature: (Applicant / Owner 1) | | Date: | |
| Signature: (Owner 2) | | Date: | |
| Signature: (Owner 3) | | Date: | |

DOUGLAS SHIRE COUNCIL – INFORMATION PRIVACY STATEMENT:

Your personal information has been collected for the purpose of assessing your application. The collection of your information is authorised under the *Local Government Act 2009*. You are providing information which will be used for the purpose of delivering services and carrying our Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission to or the disclosure is required by law.

Financial Assistance Information Sheet

www.moneyhelp.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.

A very useful resource is the Victorian Government Money Help Website: www.debtselphelp.org.au



Queensland Government – Financial Assistance

<https://www.qld.gov.au/community/losing-your-job-income/financial-assistance/>

Telephone: 13 74 68



<https://www.lifeline.org.au/Get-Help/Facts---Information/Financial-problems>

Telephone: 13 11 14



<https://salvos.org.au/need-help/financial-assistance/>

Telephone: 1300 363 622



<https://www.moneysmart.gov.au/tools-and-resources>



Queensland Government - Mortgage Relief Loan

<https://www.qld.gov.au/housing/buying-owning-home/mortgage-relief-loan/>

Telephone: 1300 654 322



Australian Financial Security Authority

<https://www.afsa.gov.au/insolvency/i-cant-pay-my-debts/get-help-debt-decisions>



Financial Counsellor 1800 007 007