ABN 68 300 116 092

FINANCIAL HARDSHIP RATES AND/OR CHARGES RELIEF APPLICATION FORM

Rates Reference Number/Fee or Charge:

Property Address:

I/we,

(Full name in block letters)

of

(Address)

Telephone number Email address

Wish to apply for rate relief or fee relief on the basis of Financial Hardship in accordance with Council Policy GTC-P8 Version 2

Relief required: (please select)

* deferral of rates instalment payments
* no penalty or interest on overdue instalments from due date of instalment
* waive or reduce fees and charges (other than annual rates and charges eg waste charges) Provide the following information in support of this application:
1. Reason for experiencing financial hardship

Select appropriate response:

* + Loss, reduction or change of income
	+ Inability due to illness
	+ Death in the family
	+ Other factors resulting in unforeseen changes in capacity to meet obligations.

Council Office: 16-18 Anne Street George Town Tasmania 7253 Postal Address: PO Box 161 George Town Tasmania 7253

T: (03) 6382 8800 F: (03) 6382 8899 E: council@georgetown.tas.gov.au W: [www.georgetown.tas.gov.au](http://www.georgetown.tas.gov.au/)

Further details on form of relief sought eg payment plan?

1. Copy of recent bank statements for all accounts held, and
2. Details of income and expenditure – please complete attached form or provide other evidence, and
3. Letter from a recognised financial counsellor or planner confirming hardship **or**
4. Documentation such as a statutory declaration from a person familiar with the applicants financial circumstances (e.g. family doctor, accountant, bank officer etc. ).

Further relevant information to assist your application

I/we hereby declare that the information provided is true and correct.

Signature:

Date: / /

**Personal information Protection Act** 2004 (**Tas**)

The information contained in this application form and any information requested for the purpose of assessing eligibility for rate relief is private and confidential and Council must not disclose the information to any person or body who is not directly related to the purpose for which the information was collected. If you have a complaint about the use of your person information please contact Council’s General Manager.

**Details of Income and Expenditure**

Name – Address

Income – Gross weekly amount received.

|  |  |
| --- | --- |
| **Source of Income** | **Gross Weekly $** |
| Wages and salaries | $ |
| Pension or other government benefits | $ |
| Compensation, superannuation insurance or retirement benefits | $ |
| Spouse or partners income | $ |
| Other incomes (e.g.- rental income, child support) | $ |
| Interest from banks and financial institutions or dividends | $ |
| TOTAL INCOME | $ |

Expenditure outgoings – weekly

|  |  |
| --- | --- |
| **Expenditure/commitments** | **Gross Weekly $** |
| Mortgage/Home loan | $ |
| Other loans/credit cards | $ |
| Other mortgages/business loans | $ |
| Utilities (power/phone/water/rates) | $ |
| Insurances | $ |
| Living expenses | $ |
| TOTAL EXPENDITURE | $ |

|  |  |
| --- | --- |
| **Council use only** |  |
| Application Received | Date |
| Application Assessed | Name |
| Approved/declined | Signature Date |
| Applicant Advised | Signature Date |