



# Financial Hardship Application (Natural Disaster)

10 Graham Place, CASINO  
19-25 Woodburn Street, EVANS HEAD  
Locked Bag 10, CASINO, NSW, 2470  
Phone: 02 6660 0300 Fax: 02 6660 1300 [council@richmondvalley.nsw.gov.au](mailto:council@richmondvalley.nsw.gov.au)

## Financial Hardship Application – Natural Disaster

Please complete all sections.

Applicants Details	
Applicant Name:	
Property Address:	
Lot & DP:	

1.	Are you the owner or part owner of the property and liable for the payment of rates and charges on the property? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If part owner, what percentage are you liable for? <span style="float: right;">%</span>
	Who is liable for the other portion?
	Name:
	Relationship to you:
2.	Is this property your principal place of residence? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If no, please state current living address:
3.	Council must be able to contact you if necessary, please provide details:
	Mobile: <input type="text"/> Phone: <input type="text"/>
	Email: <input type="text"/>
4.	Please name a secondary contact that does not live with you.
	Name: <input type="text"/> Mobile: <input type="text"/>
5.	Are you insured? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If yes, who is your insurer? <input type="text"/>

6.	Provide a summary of your circumstances – this is to include any loss of major assets (house, car, farming implements, timber, livestock etc)

**Income and Employment Details**

1.	Has the natural disaster affected your income? (logging, cattle etc) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	If yes, please provide summary

**Signatures**

1. Applicant Name: (print)	
Signature:	Date:
2. Applicant. Name: (print)	
Signature:	Date:

Office Use	Records Use
Date Lodged:	
Property ID:	
Land ID:	