



Financial Hardship

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

Property ID

Applicant Name

Property Address

Phone

Mobile

Email

APPLICANT DETAILS

Are you the owner or part owner of the property and liable for the payment of rates and water charges on the property? Yes No

If part owner, what percentage are you liable for? %

The property for which the financial hardship relates to is the principal place of residence of the applicant/s? Yes No

Do you own (either fully or partially) any other properties? Yes No

If yes, you may not be eligible for financial hardship concession under council's financial hardship policy conditions.

Please explain why your financial hardship is genuine, provide a brief summary of your circumstances. (ie. injury, illness, disability, loss of hours / employment)

Please indicate who is living at the property.

Self

Spouse

Children No of dependents: Ages:

Boarders Number of boarders:

Relatives Number of relatives:

Other

EMPLOYMENT DETAILS

Are you self-employed?	Yes	No
Are you currently employed?	Yes	No
Name of employer		
Address of employer		
If you recently lost your job or your working hours have reduced...		
Will you recommence with that employer	Yes	No
Name of employer		
Address of employer		
Is your salary or wage paid directly into a bank / credit union account?	Yes	No
Bank Name		
Branch		BSB
Account Number		

INCOME (weekly unless otherwise stated)

Your average weekly income after tax from salary or wages	\$	/ week
Government benefits/pensions (inc Centrelink, Newstart, family payments, spousal maintenance)	\$	/ week
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$	/ week
TOTAL	\$	/ week

PROPERTY & ASSETS OWNED (add extra pages as required, to disclose all income & assets)

Current Value

Home	Property address		\$
	Value of equity, if any	\$	
Investment Property 1	Property address		\$
	Value of equity, if any	\$	
Investment Property 2	Property address		\$
	Value of equity, if any	\$	
Savings inc funds held in off-set accounts	Bank, branch BSB & Account number		\$
Investments	Name & type of investments (shares, bonds, super)		\$

DIRECT DEBIT / PAYMENT ARRANGEMENT

Banking Institution

BSB No:

Account Name:

Account No:

Rates \$

Water \$

Frequency of deduction

Date commencing

Weekly Fortnightly Monthly

Applicant Name

Signature

SUPPORTING DOCUMENTS REQUIRED

Your application will not be able to be processed unless **ALL** supporting documents are provided with this application,

All current detailed bank statements including, mortgages, savings and credit card accounts (past 3 months)

Last three (3) pay slips

The intention of the Financial Hardship Policy is to offer concession, which when combines with an agreed payment arrangement, allows the outstanding debt to be paid over a reasonable period of time. Please consider your circumstances and suggest a minimum amount you know you can afford on an ongoing basis. Defaulting on this agreement may lead to legal action.

Upon applying for Financial Hardship, you may be required to attend an interview at the Council offices or by Skype / video calling.

SIGNATURE OF RATE PAYER

By signing below, I declare that the information provided is true and correct.

Signature of ratepayer/s

Name/s

Telephone

Email