

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 of rates and water charges on the property?	and liable for the payment	Yes	No
If part owner, what percentage are you liable for	?		%
The property for which the financial hardship related of residence of the applicant/s?	ates to is the principal place	Yes	No
Do you own (either fully or partially) any other pr	operties?	Yes	No
If yes, you may not be eligible for financial hardship financial hardship policy conditions.	concession under council's		
Please explain why your financial hardship is ge circumstances. (ie. injury, illness, disability, loss of	• •	of your	
Disposite disposite the second services			
Please indicate who is living at the property.			

Ages:

No of dependents:

Number of boarders:

Number of relatives:

Self

Spouse

Children

Boarders

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

Motor Vehicle 1.	Year Model	Make Rego No.	\$
Motor Vehicle 2.	Year Model	Make Rego No.	\$
Household Contents			\$
Other personal property eg boat, motorbike			\$
TOTAL ASSETS	3		\$

Is your mortgages payment deferred by your financial institution? Yes No
If so, for what length of time: 3 months 6 months

EXPENSES (add extra pages as required, to disclose all liabilities)

Item	Weekly amount	Item	Weekly Amount
Mortgage repayments	\$	Insurance - home	\$
Rent	\$	Insurance - vehicle	\$
Rates / levies	\$	Insurance - healthcare	\$
Motor vehicle/s	\$	Groceries	\$
Petrol	\$	Clothing / shoes	\$
Maintenance	\$	Medical / pharmaceutical	\$
Rego / insurance	\$	Child care	\$
Electricity / Gas	\$	Hire purchase payments	\$
Telephone / internet	\$		\$
Sub total (a)	\$	Sub total (b)	\$
Total Weekly Expenses		(a + b)	\$

LIABILITIES (add extra pages as required, to disclose all liabilities)

Loan Type	Lenders Name	Amount Owing
Home Loan		\$
Investment Property Loan 1.		\$
Investment Property Loan 2.		\$
Personal Loan		\$
Vehicle / equipment loan 1.		\$
Vehicle / equipment loan 2.		\$
Credit Card 1.		\$
Credit Card 2.		\$
Store Card		\$
Other Liabilities (specify)		\$
		\$
TOTAL		\$

You must provide a minimum of three (3) months statements from each of the liabilities listed.

Does anyone else contribute to paying these liabilities? eg spouse/partner	Yes	No
Name of Contributor		
Amount contributed each week	\$	
Comments		

DIRECT DEBIT / PAYMENT ARRANGEMENT			
Banking Institution	BSB No:		
Account Name:	Account No:		
Rates \$	Water \$		
Frequency of deduction	Date commencing		
C Weekly C Fortnightly C Monthly			
Applicant Name	Signature		
SUPPORTING DOCUMENTS REQUIRED			
Your application will not be able to be processed un provided with this application,	lless ALL supporting documents are		
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			