



Financial Hardship (Commercial / Business)

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

Residential Address

Business Name

Business Address

Phone

Mobile

Email

BUSINESS DETAILS

Are you the owner or part owner of the property?	Yes	No
If part owner, what percentage are you liable for?		%
Are you liable for the payment of rates and water charges on the property?	Yes	No
Are you the lessee	Yes	No
Is the landlord aware of your application?	Yes	No
Do you own (either fully or partially) any other properties?	Yes	No

What type of business do you operate from this premises?

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

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

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 expenses)

Item	Amount Weekly	Item	Amount Weekly
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 1.		\$
Investment Property 2.		\$
Personal Loan		\$
Vehicle / Equipment 1.		\$
Vehicle / Equipment 2.		\$
Credit Card 1.		\$
Credit Card 2.		\$
Store Card		\$
Other Liabilities (specify)		\$
		\$
TOTAL		\$
Does anyone else contribute to paying these liabilities? <u>eg spouse/partner</u>		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

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 business accounts, including copy of overdrafts mortgages, savings and credit card accounts (past 3 months) Government grant applications and details of successful grant offers.

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 APPLICANT

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

Signature of applicant/s

Name/s

Telephone

Email

Office use only	
Date Received	
Property ID	
Land ID	