





Financial Hardship Application

Your Details				
Property ID:				
Applicant name:				
Property address:				
Postal address:				
Phone: (H)	(\)	W) (M)		
Email:				
Application Dat	alla.			
Application Det	alls			
		erty and liable for the payment of rates and water	YES	NO
charges on the prop	erty? percentage are you liable	for?		%
		relate, is the principal place of residence of the	YES	NO
`	,	r properties? If yes, you may not be eligible for s financial hardship policy conditions.	YES	NO
Outline the living ar	rangements at the housel	hold		
Self		Spouse		
Children	No of dependant	Ages:		
Boarders	No. of boarders			
Relatives:	No. of relatives			
Other				
Explain why your fir loss of hours / empl		ne, provide a summary of your circumstances (ie. In	ijury, illness, dis	ability,

Employment Details

Are you self-employed?			Yes	No
Are you currently employed?			Yes	No
Name and address of employer:				
If you recently lost employment or your recommence with this same employer	•		Yes	No
Name and address of new employer				
Is your salary / wage paid directly into a bank account / credit union account			Yes	No
Bank name:				
Branch:	BSB:	Account No:		

Income (weekly unless otherwise stated)

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

Property & Assets Owned (add extra pages as required to disclose all income & assets)

			Current value	
Home	Property address		\$	
		Value of equity \$		
Investment	Property address		\$	
property 1		Value of equity \$		
Investment	Property address		\$	
property 2		Value of equity \$		
Savings inc	Bank branch BSB & account number:			
funds in off-set accounts			\$	
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			\$	
TOTAL ASSETS			\$	

Have your mortgage payments been deferred by your financial institution?

If so, for what length of time 3 months 6 months

YES

NO

Expenses (add extra pages as required, to disclose all expenses)

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	\$	Childcare	\$
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)

Item	Lenders name	Weekly amount
Home loan		\$
Investment Property 1		\$
Investment property 2		\$
Personal loan		\$
Vehicle / equipment loan 1		\$
Vehicle / equipment loan 2		\$
Credit card 1	Limit \$	\$
Credit card 2	Limit \$	\$
Store card	Limit \$	\$
Other liabilities (specify)		\$
Total		\$

A minimum of three (3) months statements from each of the liabilities listed to be provided.

Does anyone else contribute to paying these liabilities? eg spouse

YES

NO

Name of contributor:

Amount contributed each week:

\$

Comments:

Direct Debit Arrangem	ent			
Banking Institution:			BSB No:	
Account Name:			Account No:	
Rates \$		Water \$		
Frequency of deduction:	Weekly	Fortnightly	Monthly	
Payers Name:		Signature:		
Payers Name:		Signature:		
Supporting Document	s			
• All current bank statem • Last three (3) pay slips The intention of the financial arrangement, allows the outstate suggest a minimum amount you action. Upon applying for financial hard Signature of Rate Payer	hardship policy is to nding debt to be paid a know you can afford	tgages, savings and credit o offer concession, which we d over a reasonable period. d, on an ongoing basis. Defa	vhen combines with an ag Please consider your circulariting on this agreement ma	nths) greed payment umstances and ay lead to legal
By signing below, I declare the	information provided	is true and correct		
Signature of ratepayer 1				
Name:				
Telephone:	Email:			
Signature of ratepayer 2				
Name:				
Telephone:	Email:			