



Financial Hardship Application Form

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The City of Holdfast Bay is committed to assisting customers who are experiencing financial hardship to manage their bills on an ongoing basis and make payments in a manner that is mutually acceptable. Council aims to help residents to clear their outstanding and ongoing rates debt in a planned and efficient manner.

The information provided is required to assist Council to assess your application.

1. Applicant

| | |
|-----------------|--|
| Full name: | |
| Postal address: | |
| Date of birth: | |
| Email: | |
| Mobile no.: | |

2. Details of property

Please note:

Hardship applications only apply to property that you own and occupy and is your main place of residence. Please refer to your Rates Notice(s) for this information.

| | |
|-------------------------------------|----|
| Property address: | |
| Owner/s of property (if not you) | |
| Valuation on Rates Notice: | \$ |
| Balance of Mortgage: | \$ |

3. Essential details

Rate payers applying for hardship assistance are encouraged to seek the assistance of an accredited Financial Counsellor.

If the services of a Financial Counsellor are accessed, the following documents will need to be submitted with this application:

- Authority to act for accredited Financial Counsellor
- Income and expenditure statement completed by accredited Financial Counsellor
- Completed application and signed declaration

4. Application details

Is the property for which you are applying for rate relief your principal place of residence?

Yes No

Are you the owner, or spouse of the owner of the property? (If spouse of owner, written and signed authority from owner to act must be attached to this applications)

Yes No

What is your Employment Status?

Full Time Permanent Part Time Self Employed
 Casual Unemployed Retired

If you are not working, what type of Centrelink benefit are you receiving?

Aged Pension Disability Pension
 Carer's Pension Parenting Payment
 Job Seeker Other (please specify below)

Do you hold or have you applied for a State Government concession?

Yes No

How long have you owned the property?

Years

Do you have dependant children?

Yes No

If yes, please advise how many

4. Application details - continued

Please complete the following or supply your accredited financial counsellor's fortnightly household income and expenditure statement, to verify your financial position.

| | |
|---|----|
| Income (fortnightly) - for all owners and/or spouse | \$ |
| Salary or Wages (joint income) | |
| Pensions or Annuity Payments | |
| Other Government Payments | |
| Rental Income | |
| All other income | |
| Total fortnightly income | |
| Mortgage payments | |
| Food shopping | |
| Petrol/car | |
| Gas / Electricity | |
| Water | |
| Council Rates | |
| Insurance (car, home, medical) | |
| School/Childcare | |
| Entertainment | |
| Other Loan repayments | |
| Credit card repayments | |
| Other Expenditure | |
| Total fortnightly expenses | |
| Net fortnightly Income/Expenses | |

4. Application details - continued

Please outline the reasons for your hardship assistance application.

5. Assistance requested

Please outline the assistance you are seeking from this hardship assistance application.

- Postponement of rates for Senior Card holders only
- Long term payment plan

6. References

Section 182 advises of Council's power to grant relief of rates due to hardship or extenuating circumstances by way of remission or postponement (seniors only) of rates.

Please note that the penalty for providing false or misleading information on this form is an offence under the Local Government Act 1999. The maximum penalty for this offence is \$5000.

7. Declaration

Please complete the following declaration for hardship assistance.

- I understand the above application applies to hardship assistance
- If the grounds for this application cease to exist, I must advise Council
- I understand that any outstanding debt is payable in full at time of disposal or sale of the property
- I declare that the information I have provided in this application is true and correct to the best of my knowledge.
- I have attended an appointment with an accredited Financial Counsellor on _____
or have an appointment with a Financial Counsellor on _____

| | |
|---|--|
| Applicants name: | |
| Applicants signature: | |
| Date of application: | |
| Accredited Financial Counsellor name: | |
| Accredited Financial Counsellors signature: | |
| Accredited Financial Counselling Agency name: | |
| Agency phone: | |
| Agency email: | |

8. Lodging your application

Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application form to Council.

Applications can be sent by mail, marked Attention Rates Team to:

City of Holdfast Bay
PO Box 19
BRIGHTON SA 5048

For enquiries regarding hardship assistance contact Council's Rates department:

- Via email at rates@holdfast.sa.gov.au
- Via telephone on **8229 9999**