



Financial Hardship Rates Assistance Application

Document Code: **FO-CBS-RS-015**

Version: **3.1**

Approved Date: **6 Apr 2020**

Burnie City Council

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E burnie@burnie.net

Application for financial assistance under Financial Hardship Assistance Policy CP-CBS-SG-049

Applicant Information			
Name of Applicant			
Property Address			
PID(s)		Assessment #s	
Name of Property Owner(s)		Contact Number	
Postal Address			
This application is to apply the following concession(s) on the basis of financial hardship (please select at least one): <input type="checkbox"/> Postponing rate payments (extension of time) <input type="checkbox"/> Waiver of late payment penalties or interest for the period of financial hardship <input type="checkbox"/> Rates remission			
<i>Applicants for assistance on residential investment properties will not be considered.</i> Are you the owner of the property? Yes <input type="checkbox"/> No <input type="checkbox"/> For what type of property are you applying? Residential <input type="checkbox"/> Commercial <input type="checkbox"/> If commercial go to question 15			

Assessment Questions: (please describe)			Yes	No	
1.	Do you receive any pensions or benefits?		<input type="checkbox"/>	<input type="checkbox"/>	
	Type				
	Amount Received per fortnight	\$			
2.	Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government		<input type="checkbox"/>	<input type="checkbox"/>	
	Pension No	Date of grant			
3.	Is this property your sole or principle place of residence?		<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are there people living at the property?		<input type="checkbox"/>	<input type="checkbox"/>	
	<i>If yes, please provide details below:</i>				
	Name	Age	Relationship		

Privacy Statement

1. Council is committed to upholding your right to privacy. 2. Personal information collected by Burnie City Council is used in the provision of services. 3. Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. 4. You have the right to access your own personal information on request.

5.	How many children do you support?		State ages:		
6.	I am liable for the payment of rates and charges on this property, together with others as listed below (if no others, write Sole Owner) <i>Please provide details of all "other" OWNERS, including your spouse</i>				
	Name	PCC holder (Y/N)	Pension No	Date of grant	
7.	Do you own (either fully or partially) any other land or buildings?			<input type="checkbox"/>	<input type="checkbox"/>
	If yes, list addresses.				
8.	Have you claimed a pensioner concession on any other property this year?			<input type="checkbox"/>	<input type="checkbox"/>
	If yes, address of the other property:				

Residential Hardship Details: *(please describe)*

9.	What is the cause of your financial hardship?	
10.	How long have you been experiencing hardship?	
11.	Please state gross weekly amount received in dollars and cents from the following sources of income:	
	a. Pensions and benefits	\$
	b. Compensation, superannuation insurance or retirement benefits	\$
	c. Spouse's / de facto income	\$
	d. Income of other residents of the property	\$
	e. Wages	\$
	f. Family allowance	\$
	g. Interest from banks/credit unions/building societies	\$

12.	Please provide name and current balance of all bank, credit union or building society accounts held by you:																							
13.	Please state details of fortnightly outgoings:																							
<table border="1"> <thead> <tr> <th data-bbox="153 421 592 465">Outgoings</th> <th data-bbox="592 421 1190 465">Owed to</th> <th data-bbox="1190 421 1546 465">Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="153 465 592 510">Home Loan</td> <td data-bbox="592 465 1190 510"></td> <td data-bbox="1190 465 1546 510">\$</td> </tr> <tr> <td data-bbox="153 510 592 555">Other Loans</td> <td data-bbox="592 510 1190 555"></td> <td data-bbox="1190 510 1546 555">\$</td> </tr> <tr> <td data-bbox="153 555 592 600">Utilities (electricity, water, etc)</td> <td data-bbox="592 555 1190 600"></td> <td data-bbox="1190 555 1546 600">\$</td> </tr> <tr> <td data-bbox="153 600 592 645">Council Rates and Charges</td> <td data-bbox="592 600 1190 645"></td> <td data-bbox="1190 600 1546 645">\$</td> </tr> <tr> <td data-bbox="153 645 592 689">Health costs</td> <td data-bbox="592 645 1190 689"></td> <td data-bbox="1190 645 1546 689">\$</td> </tr> <tr> <td data-bbox="153 689 592 719">other</td> <td data-bbox="592 689 1190 719"></td> <td data-bbox="1190 689 1546 719"></td> </tr> </tbody> </table>				Outgoings	Owed to	Amount	Home Loan		\$	Other Loans		\$	Utilities (electricity, water, etc)		\$	Council Rates and Charges		\$	Health costs		\$	other		
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other																								
14.	What is your proposed payment plan to clear the outstanding rates and charges balance?																							

Please go to question 21

Commercial Hardship Details: *(please describe)*

15. Is the property a rental property? Yes No

16. Who is currently paying the rates for this property? Me – the owner Tenant - Commercial

17. How has revenue declined and to what extent?

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18. Have you applied for any Government assistance (please provide details)?

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19. What is the industry and what services do you provide?

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20. What is your proposed payment plan to clear the outstanding rates and charges balance?

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Supporting Documentation Residential and Commercial

21. To assist with the assessment process, please attach documentary evidence to assist us to review and assess your hardship application. **Please include one or more of the following:**

- Assessment by an independent accredited financial counsellor demonstrating an inability to both pay rates and to rearrange asset portfolios to facilitate payment
- Evidence of your business qualifying for the Job Keeper support package
- Tenant correspondence requesting relief (if applicable)
- A statutory declaration from an independent professional, familiar with the applicant’s circumstances (e.g. a family doctor for health-related evidence, a bank official, insurance policy manager)
- Pending disconnection of essential services, like water, electricity, gas (does not include mobile or internet bills)
- Notice of impending legal action (excluding any legal action from Council)
- Letter from charitable organisation regarding loss of employment or inability to provide for basic necessities
- Evidence of you qualifying for Job Seekers support
- Bank statements or notice, for example, an overdraft call or mortgaged property repossession
- Employer notice of redundancy or termination of employment
- Overdue medical bills
- Letter from doctor verifying the inability to earn an income due to illness or caring for a sick family member
- Final notice form school regarding payment of mandatory fees
- Funeral expenses
- Repossession notice of essential items, like car or motorcycle
- Other documentation demonstrating that you are experiencing financial hardship (please describe below):

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CERTIFICATION			
<i>I</i>			<i>(full name)</i>
<i>of</i>			<i>(address)</i>
Apply for rates relief under the Financial Hardship Assistance Policy CP-CBS-SG-049 on the basis of financial hardship and certify that the above information is true and correct			
Customer Consent			
<input type="checkbox"/> I authorise the Burnie City Council to confirm with Centrelink or Department of Veterans' Affairs the details that I have provided and to determine whether I am receiving a Centrelink or Department of Veterans' Affairs benefit.			
<input type="checkbox"/> I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent and may be relied on by the Council until such time as I revoke it.			
<input type="checkbox"/> I understand that I may give the Council written notice at any time that my consent is revoked, and if I revoke this consent, I may not be eligible for continued rate relief granted by the Council.			
<input type="checkbox"/> I acknowledge I have read and understood this Customer Consent record.			
Signed:		Dated:	

Council Use Only			
Finance:		Officer:	
Has there been prior correspondence for this property regarding remission?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation:			
<i>I</i>		<i>(Name)</i>	<i>(Department)</i>
Recommend the attached application		<input type="checkbox"/> Is	<input type="checkbox"/> Is Not Eligible for Hardship Relief
Signed:		Dated:	

Remission approved:			
Name:			
Position:			
Signature:		Dated:	
Rates Officer:			
Letter Record Number:			
Date relief is processed (if applicable)			

File to CM	28/6/189
Alternatively Within	PID