



Hardship Application Form WEST WIMMERA SHIRE COUNCIL

APPLICANT DETAILS

Name:

Phone:

Mobile:

Email:

PROPERTY DETAILS

Property Number:

Property Address:

I wish to apply for:

Deferral of rates & charges

Waiver of future interest charges

Write-off of interest charges

Waiver of rates & charges

Do you consider your hardship to be:

Temporary

Long-term

Circumstance / reason for hardship:

FINANCIAL ASSESSMENT

Net income:

Value of assets owned:

Total Expenses:

Value of loans & other debts:

Difference:

Difference:

Please attach a financial statement outlining your income, expenses, assets and liabilities.

It is recommended that a financial counselling service be consulted during this application process. The National Debt Helpline is a not-for-profit service that helps people in Australia tackle their debt problems. This is a Government service providing free, confidential counselling for people experiencing financial difficulty. Visit www.ndh.org.au or call 1800 007 007 for more information.

Council may require a Financial Counselling to progress your application, as detailed in section 3.1 of the Rate Recovery and Financial Hardship Policy.



Hardship Application Form

WEST WIMMERA SHIRE COUNCIL

CRITERIA ASSESSMENT

		Yes / No	Comment	
1.	Have you received financial counselling?			
2.	Is this house where you live?			
3.	Are you planning on selling the property?			
3.1	Do you run a business from home?			
4.	Do you owe rates money for more than one year?			
5.	Are rates payments hard to make?			
6.	Can you make regular payments?			
6.1	If YES, how much can you pay?	\$	per	Week / Fortnight / Month
7.	How many financial dependents do you have?			
7.1	Are you the sole income earner for your dependents?			
8.	Do you receive a Government payment?			
9.	Are you a concession card holder?			
10.	Can you provide a financial statement that outlines your income and expenses?			

NB. As per S171A of the Local Government Act, any person who gives false or misleading information, or who fails to notify Council of any change in circumstances relevant to this application, is guilty of an offence and liable 10 penalty units.

Signature of Applicant

Date

PRIVACY: Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be used solely for municipal purposes. Council may disclose this information to other organisations if required by legislation. I understand that the personal information provided is for the above purpose and that I may apply to Council for access to and/or amendment of the information. Any requests for access and/or correction should be made to Council's Privacy Officer.

LODGEMENT OF FORM



Mail:
Rates Coordinator
West Wimmera Shire Council
25 Baker Street
KANIVA VIC 3419



In Person:
M-F 8:30am-5:00pm
EDENHOPE
49 Elizabeth Street
KANIVA
25 Baker Street



Email:
council@westwimmera.vic.gov.au



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OFFICE USE ONLY

REPAYMENT CAPACITY

Based upon the information provided, does the applicant have the financial capacity to make repayments?

Yes

No

If YES, how much?

 \$ per

ASSESSMENT SUMMARY

Rates outstanding

 \$

Arrears

 \$

Current

 \$

Total

This applicant complies with how many policy criteria?

of 10

Criteria Met

This applicant identified they have capacity to make repayments?

Yes

No

FINANCIAL ASSISTANCE RECOMMENDATION

Based upon:

- a) Compliance with Council's policy
- b) Any identified capacity by the applicant to make regular repayments of outstanding rates
- c) Any offer to make such repayments

It is recommended that financial assistance be granted:

- | | | | |
|-------------------------------------|----------------------|-------------------------|----------------------|
| a) Write-off of interest to date | <input type="text"/> | <input type="text"/> \$ | <input type="text"/> |
| | Yes | Amount | No |
| b) Not raising any further interest | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Yes | Until Date | No |
| c) Deferral of rates and charges | <input type="text"/> | <input type="text"/> \$ | <input type="text"/> |
| | Yes | Amount | No |
| d) Waiving of rates and charges* | <input type="text"/> | <input type="text"/> \$ | <input type="text"/> |
| | Yes | Amount | No |

*waiver of rates and charges subject to Council approval

This arrangement is to be reviewed on:

Signed

Date

Rates Coordinator

Signed

Date

Finance Coordinator