

Application for Financial Hardship

Customer Enquiries  03 6217 9500
 clarence@ccc.tas.gov.au
 www.ccc.tas.gov.au

If you are a City of Clarence ratepayer or tenant of a council owned property you may be eligible for hardship assistance in the payment of overdue rates and charges where payment, when due, would cause you genuine financial hardship.

Ratepayers and tenants are encouraged to apply for assistance as soon as possible by completing this form and returning it to council. Please note that separate applications need to be completed for each title owner.

Property owner/tenant(s) details

Title: _____ Last name: _____

Given name(s): _____

Email: _____ Phone: _____

Address of property applying for hardship: _____

_____ Suburb: _____ Post code: _____

Postal address (if different from address listed above): _____

_____ Suburb: _____ Post code: _____

Application details

Apply for the following concession(s) on the basis of financial hardship (please select at least one):

- Waiver of interest penalties, and/or legal charges invoiced in respect of a Rates bill, in part or in full.
- Deferral of the full payment of Rates and Charges (extension of time to pay).
- Deferral of the part payment of Rates and Charges (extension of time to pay).

Is this your sole or principal place of residence? Yes No

Do you receive any pensions or other government benefits? Yes No

If yes, please provide type of pension or benefit and amount received per fortnight:

Pension/benefit type: _____

Amount received per fortnight: _____

Have you claimed a pensioner concession on any other property this financial year? Yes No

If yes, please state the address of the property:

Financial information

Income (weekly unless otherwise stated):

Your average income after tax from salary or wages: \$ _____

Government benefits/pension (including family payments etc.): \$ _____

All other income (eg. self employed income, interest, dividends): \$ _____

Employment details:

Name of your employer: (optional) _____

Address of your employer: (optional) _____

Assets:

Home

Property address: _____

Current value: \$ _____

Amount owed to bank or financial institution for this property: \$ _____

Other property

Property address: _____

Current value: \$ _____

Amount owed to bank or financial institution for this property: \$ _____

Other assets

Funds in banks/financial institutions: \$ _____

Motor vehicles: \$ _____

Other personal assets (shares/superannuation): \$ _____

Expenses:**Average weekly expenses:**

Item	Weekly amount
Food	\$
Household	\$
Mortgage/rent	\$
Gas	\$
Electricity	\$
Rates/levies	\$
Telephone	\$
Motor vehicle	\$
Petrol	\$
Maintenance	\$
Medical/hospital	\$
Other insurance	\$
Fares	\$
Credit cards	\$
Education/childcare	\$
Other necessary commitments	\$
Total weekly expenses	\$

Amounts you owe:

	Name of bank/institution	Amount owed
Home loan/s		
Other loans		
Other liabilities (specify		
Total amount owed		

Does anyone contribute to paying these liabilities? (eg. your spouse/partner)

Yes

No

If yes, what is the contribution amount per week? \$ _____

What arrangements if any are you prepared to make to pay off the amount you currently owe to council?

Additional information you would like to add to this application:

Please email your application and documentary evidence to rates@ccc.tas.gov.au with a title of Hardship Assistance Application which will assist our staff to identify your application quickly.

Alternatively, please post your application and documentary evidence to Clarence City Council, Attention General Manager, Hardship Application, PO Box 96, Rosny Park, 7018.

We will be in contact with you as soon as possible to acknowledge your application and provide advice regarding the assessment process.

Evidence of financial hardship

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

- A copy of all household bank accounts for the past three months
- Tax return statements and PAYG Summaries from the last two years
- Centrelink income statement no more than 30 days old (if applicable)
- Child Support Agency Statement no more than 6 months old (if applicable)

You may also include one or more of the following to further support your application:

- Statutory Declaration from someone familiar with your circumstance (eg. family doctor, accountant, bank officer, welfare officer, government agency)
- Medical certificates or other evidence demonstrating the circumstances that have resulted in financial hardship being experienced
- Evidence of loss of the main source(s) of income (eg. separation certificate)
- Evidence of qualifying for Federal Government funding assistance in response to COVID-19
- Documented evidence of having sought financial counselling
- Other documentation demonstrating that you are experiencing financial hardship

Council reserves the ability to request further supporting information, at any time, if deemed necessary in order to assess your application.

Privacy Statement

Your personal information is held by us in accordance with the Personal Information Protection Act 2004. The Personal Information Protection Act 2004 provides that an individual may request access to, or amendment of, information held by a public authority about that individual. Council's Privacy Policy can be found at: www.ccc.tas.gov.au/your-council/laws-governance/privacy.

If you cannot find the information that you are seeking or you wish to access your personal information, please contact us on 03 6217 9500 or email us at clarence@ccc.tas.gov.au.

Declaration and signature

I, _____, confirm that the information provided within this Application for Financial Hardship is accurate, and there have been no misrepresentations or omissions of fact that would otherwise influence the review and decision of Clarence City Council.

Signed: _____ Date: _____