

Council Rates and Charges – Application for financial hardship



This application is to request a payment arrangement or deferral that will take more than 1 year to pay out your outstanding rates and charges. It will be used to assess your ability to make payments.

Applicant details

Registered Ratepayer(s):			
Ratepayer(s) Mail Address:			
Telephone:	Home:		Mobile:
Email:			

Property that the financial hardship relates to

Application relates to: ☐ Annual Rates & Charges

Council Property Number:

☐ Special Charge Schemes

Special Charge Scheme
Account Reference:

Property Address:			
Property Type:	<input type="checkbox"/> Residential – primary place of residence <input type="checkbox"/> Commercial <input type="checkbox"/> Residential – other than primary place of residence <input type="checkbox"/> Industrial		

Application

Reason for financial hardship:

☐ Loss of job, loss of business or reduced working capacity

☐ Family violence or marriage breakdown

☐ Natural Disaster

☐ Medical/Health

☐ Other

Please outline below or attach separate document

Do you have capacity to make any payments?

☐ Yes

Amount:

Frequency:

Start date:

Rates & Charges

Special Charge Scheme

☐ No

Request deferral to:

Deferrals require explanation on how and when you intend to pay

Further explanation on circumstances, and how and when you intend to pay out your rates and charges:

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Income and Expenses

INCOME		
	First Ratepayer	Second Ratepayer/Spouse
Employment Status: <i>FT, PT, casual, self employed etc.</i>		
Dependents in your care:		
Occupation:		
Government benefits:	<input type="checkbox"/> JobSeeker <input type="checkbox"/> Pension (age, disability etc) <input type="checkbox"/> Other (please provide details)	<input type="checkbox"/> JobSeeker <input type="checkbox"/> Pension (age, disability etc) <input type="checkbox"/> Other (please provide details)

HOUSEHOLD INCOME	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Salary and wages (after tax)	\$
Government benefits (as listed above)	\$
Rental income	\$
Other	\$
Total Income	\$

EXPENSES	
HOUSEHOLD EXPENSES	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Loans and credit cards	
Mortgage repayments	\$
Personal/Car Loan repayments	\$
Credit Card repayments	\$
Living Expenses	
Rent	\$
Groceries	\$
Car & public transport (Registration, Fuel, Maintenance, train etc)	\$
Insurance (House, Contents, Car, health, life, income etc)	\$
Utilities (Gas, Electricity, Water, Phone, Internet, Pay TV etc)	\$
Council Rates Payments	\$
Council Special Charge Scheme payments	\$
Medical, dental, pharmaceutical	\$
Childcare and education	\$
Professional services (accountant, solicitors, union etc)	\$
Child Support	\$
Entertainment and eating out	\$
Other expenses	\$
Total Expenses	\$

Assets and Savings

Please provide details of any savings or assets you own <i>Bank accounts, term deposits, house, car, boat, caravan etc</i>	Market value
	\$
	\$
	\$
	\$
	\$
	\$
Total Assets	\$

Financial Assistance

Has financial assistance been sought from a suitably qualified financial advisor?

☐ Yes Name of financial advisor: _____
 Email address: _____
 Contact Number: _____

☐ No Council recommends that you seek advice from a suitably qualified financial advisor or counsellor.
 You can access free advice through the **National Debt Helpline** <https://ndh.org.au/>

Another useful resource is the Victorian Government Money Help website <https://moneysmart.gov.au/>

Acknowledgement

I/we declare that the information contained in this application is true and correct and:

- agree to contact council to renegotiate if I am unable to make the payments as agreed above
- agree to contact council once I receive my new rates notice in August to incorporate the additional amount into the arrangement (if the arrangement extends into the next financial year)
- acknowledge that if payments are not made in accordance with the agreement, or council becomes aware of the information provided being false or misleading, the arrangement will be cancelled, interest will be applied from the original due date and legal action may be taken to recover the debt.

Applicant 1

Applicant 2

Name:

Signature:

Date:

Privacy statement: Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. Personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation.

Completed applications should be returned to the Debt Recovery Officer at:

Cardinia Shire Council
 ABN: 32 210 906 807
 20 Siding Ave, Officer

PO Box 7
 Pakenham 3810
 (DX 81006)

Phone: 1300 787 624
 Email: mail@cardinia.vic.gov.au
 Web: www.cardinia.vic.gov.au