

FINANCIAL HARDSHIP APPLICATION – OWNER OCCUPIED RESIDENTIAL

Council may provide assistance to ratepayers who can prove financial hardship by establishing a payment plan and suspension of interest payable on overdue accounts from the date the application is approved. Interest already incurred will not be removed, however may be waived subject to payment of outstanding rates and adherence to approved payment plans.

Please note: If the application is incomplete, unsigned or does not provide the required supporting evidence it will be returned to you for completion. This will delay assessment of the application.

Please ensure you read Council's Financial Hardship Policy before completing this application form.

Owner 1: _____	Date of Birth: _____
Preferred Contact Number: _____	
Email Address: _____	
Property Address: _____	
Occupation: _____	

Owner 2: _____	Date of Birth: _____
Preferred Contact Number: _____	
Email Address: _____	
Property Address: _____	
Occupation: _____	

Application type:

- New application for financial hardship
- Review of existing financial hardship application

How long have you been experiencing financial hardship? _____

Have you sought advice from a financial counsellor? _____

If yes, please attach Statement of Financial Position and complete pages 1 to 3 & page 6 only

If no, please complete ALL sections of this form

Name of financial counsellor: _____

Contact phone number for financial counsellor: _____

What is the cause of financial hardship (e.g. unemployment, illness, domestic violence)? *Please provide details and provide as much information as you feel comfortable to help demonstrate the financial hardship*

SECTION A – HOUSEHOLD INCOME

Do you own any other properties? Yes No

If Yes, please provide details below

Property Address	Capital Improved Value (CIV)	Site Value (SV)
	\$	\$
	\$	\$

Fortnightly Household Income		
<i>(please calculate the fortnightly amount if the income is received weekly or monthly)</i>		
Income Source	Owner 1	Owner 2
Bank Account/s – Please provide bank name and current balance of account	Bank: \$	Bank: \$
Savings & Available Cash		
Salary and/or Wages	\$	\$
Centrelink Benefit/Allowance	\$	\$
Property Rental Income (if applicable)	\$	\$
Other Source of Income	\$	\$

SECTION B – EXPENDITURE AND LIABILITIES

Fortnightly Household Expenditure		
Expenditure	Owner 1	Owner 2
Mortgage Repayments	\$	\$
Council Rates	\$	\$
Groceries	\$	\$
Dining Out/Takeaway	\$	\$
Alcohol & Cigarettes	\$	\$
Medical/Pharmacy	\$	\$
Electricity & Gas	\$	\$
Water	\$	\$
Telephone/Mobile Phones	\$	\$
Streaming services e.g. Netflix, Disney Plus, Stan etc.	\$	\$
Internet	\$	\$
Clothing	\$	\$
Toiletries/personal care needs	\$	\$
Private health insurance (if applicable)	\$	\$
House and Contents Insurance	\$	\$
Fuel	\$	\$
Vehicle Running Expenses (registration, insurance, maintenance etc.)	\$	\$
Child Care	\$	\$
School Fees	\$	\$
Other Expenditure – please provide details	\$	\$

Household Debts/Liabilities		
List all outstanding debts and amounts outstanding		
Expenditure	Owner 1	Owner 2
Home Loan arrears (if applicable)	\$	\$
Credit Cards	\$	\$
Personal Loans	\$	\$
Car Loan/s	\$	\$
Other	\$	\$

ACKNOWLEDGEMENT

I/we acknowledge that this declaration is true and correct and I make it with the understanding and belief that a person making a false declaration is liable in a court of law

I/we acknowledge that I/we are seeking consideration due to financial hardship as shown in this application

I/we acknowledge that if I/we default on the payment arrangement, Council has the right to proceed with full recovery of the debt without further notice

I/we acknowledge that additional recovery costs may be incurred by me/us if in default of the payment arrangement

I/we understand that Council may refuse this application

Signature Owner 1: _____ Date: _____

Signature Owner 2: _____ Date: _____

SECTION C – SUBMISSION OF APPLICATION

Please ensure application is submitted with supporting documentation:

- Completed application form
- Letter from Financial Counsellor outlining how long you have been seeking advice and confirming they believe the establishment of a payment plan and/or waiver of interest would assist with your financial situation
- Statement of Financial Position provided by Financial Counsellor
- Doctors Certificate if hardship is illness related

Completed application forms must be posted with all attached supporting evidence to:

Moirá Shire Council
PO Box 578
COBRAM VIC 3644

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