

HARDSHIP RATE RELIEF APPLICATION FORM

Section 567 (c) and Clause 135 of the Local Government Act 1993 and the Local Government (General) Regulation 2005

All sections/questions must be answered/completed.

Council has the option of writing off interest on Rates and Charges under the Local Government Act 1993. The following are factors, grounds, and reasons for this to occur:

1. Payment of such accounts in full is made difficult because of reasons beyond the ratepayer's control
2. Payment of such accounts in full would cause the person hardship
3. The property concerned is the applicant's **primary** place of residence
4. The completion in full of this application form
5. Provision of proof of income\expenses
6. **Suitable** arrangements for **regular** payments on the account

Industrial or commercial property will not normally be considered.

I\We wish to apply to make payment of \$ _____ per week\fortnight\month toward reduction of the outstanding account

Declared at: _____

On: _____

Date

Before: _____

Justice of the Peace

Signed: _____

Applicant's signature

You should ensure you contact Council promptly if your circumstances change. This will ensure that Council does not take action to recover the amount outstanding if you do not adhere to the arrangement. Additionally, you may not be entitled to relief under the new circumstances.

When answering the following questions please use block letters and tick the appropriate box.

Assessment Number:		
Name:		
Address:		
Postal Address:		
Telephone:	Home:	
	Work:	
	Mobile:	
Email:		

Property Address (if different to above):		
Do you own the property?		
<input type="checkbox"/>	By yourself	
<input type="checkbox"/>	With another person/s (spouse etc)	
<input type="checkbox"/>	Other - please indicate details	
Are there other people living at the property other than those listed as owner/s?		
Is the property:		
<input type="checkbox"/>	Residential Home	
<input type="checkbox"/>	Vacant Land	
<input type="checkbox"/>	Rural Land	
<input type="checkbox"/>	Your Sole or Principal Place of Living	Since:
<input type="checkbox"/>	Other - Please indicate details	
Value of House\Land:		\$
Mortgage:		\$
Do you have interest in any other properties: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details including rent collected:		
Are you currently employed?		
<input type="checkbox"/>	No (go to next question)	
<input type="checkbox"/>	Full time	
<input type="checkbox"/>	Part time\casual	Hours per week:
<input type="checkbox"/>	Name of employer	
Do you receive a pension or benefit?		
<input type="checkbox"/>	No (go to next question)	Pension Number:
<input type="checkbox"/>	Yes	Pension Type:
Amount received per week: \$		
Do you have a health benefits card?		
<input type="checkbox"/>	No (go to next question)	
<input type="checkbox"/>	Yes	Card Number:
How many children do you support:		State Ages:

Income Details

Wages/Salary after Tax:	\$	per week
Pension/Benefit:	\$	per week
Income (Spouse):	\$	per week
Pension/Benefit (Spouse):	\$	per week
Maintenance received	\$	per week
Family Allowance:	\$	per week
Other (Give details):	\$	per week
	\$	per week
	\$	per week
Total:	\$	per week

Bank/Building Society Accounts

Name of Bank/Branch	Balance
	\$
	\$
	\$
	\$
	\$
Total:	\$

Regular Expenses

Mortgage repayments:	\$	per week
Rent/Board:	\$	per week
Food:	\$	per week
Electricity:	\$	per week
Water Rates:	\$	per week
Council Rates:	\$	per week
Credit card repayments:	\$	per week
Vehicle expenses incl. petrol:	\$	per week
Private Medical Insurance:	\$	per week
Telephone:	\$	per week
Maintenance payments:	\$	per week
School expenses:	\$	per week
Insurance/Superannuation:	\$	per week
Other:	\$	per week
	\$	per week
Total:	\$	per week
Surplus/Deficit	\$	per week

Debts/Liabilities

(Personal loans, credit cards)

Owing To:	\$ per week	Balance:
		\$
		\$
		\$
		\$
		\$
Total:	\$	per week

Please give details of reasons or circumstances that have led you to make this application:

Privacy & Personal Information Protection Notice

Purpose of collection: We are collecting your personal information in order to enable Council to assess your application.
Intended recipients: The intended recipient of the information is Kiama Municipal Council. **Supply:** While the supply of this information is voluntary, the personal information you provide will enable Council to assess your application. **Access/Correction:** The personal information can be accessed by you and may be available to third parties in accordance with the Government Information (Public) Access Act and Council's Privacy Management Plan. You may make an application for access or amendment to personal information held by Council. We will consider any such application in accordance with the *Privacy and Personal Information Protection Act 1998*. **Storage:** Kiama Council is the agency that holds the personal information. Council may be contacted on 02 4232 0444, or by email to: council@kiama.nsw.gov.au or at 11 Manning Street. Kiama, NSW 2533.