



HARDSHIP APPLICATION FORM

Section 1. Applicant's Details (Must be the property owner)			
Title: (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify)		
First name:		Surname:	
Email:			
Street address:		Postcode:	
Suburb:			
Postal address: (if different to street address)		Postcode:	
Suburb:		Mobile:	
Phone number:		Other:	

Section 2. Property Information			
Property Reference Number:			
Street address:			
Suburb:		Postcode:	
Legal description:	Lot:	Section:	DP/SP:
The property for which I am claiming has been my sole/principal place of living since?			__ / __ / __

Section 3. Property Ownership	
Are you the sole owner of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no, please complete Section 3A through to 3D after the below questions.	
Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', type of pension or benefit	
If 'Yes', PCC Number (Please attach a copy)	
Date of Grant	__ / __ / __
Have you claimed a Pension Concession on any other property this year in any other local government area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', state the address/es of the property?	
Do you own (either fully or partially) any other land or buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', state the address/es of the property?	
Please advise of other significant assets you own	
Car/s	
Boat/s	
Other	

Section 3A. All other owners of the property relating to this Hardship application			
Second Owners Name		% Owned?	
Are they a resident of Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, where do they live?			
Relationship to Applicant?			



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Pension Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Date	__ / __ / __
Pension Card Number			
Section 3B. All other owners of the property relating to this Hardship application			
Third Owners Name		% Owned?	
Are they a resident of Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, where do they live?			
Relationship to Applicant?			
Pension Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Date	__ / __ / __
Pension Card Number			

Section 3C. All other owners of the property relating to this Hardship application			
Fourth Owners Name		% Owned?	
Are they a resident of Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, where do they live?			
Relationship to Applicant?			
Pension Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Date	__ / __ / __
Pension Card Number			

Section 4. Application	
This application is for hardship rate relief for the whole or part of the year commencing	__ / __ / __
What is the cause of financial hardship?	
<input type="checkbox"/> Experiencing temporary financial hardship as a direct result of COVID-19?	
<input type="checkbox"/> Substantial reduction in household income?	
<input type="checkbox"/> Other?	
Please in your own words explain/advise the cause of hardship.	
How long have you been experiencing hardship?	
How many children do you support?	
What are the ages of these children?	

Section 5. Income from all sources.	
My net weekly income received in dollars and cents from all sources of income is?	\$
Sources of income include?	
Wages	\$
Pensions and benefits	\$
Compensation, superannuation, insurance, or retirement benefits	\$
Spouse's weekly income	\$
Income of other residents of the property	\$



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Casual / Part-time employment	\$
Family allowance	\$
Interest from Banks, Credit Unions, Building Societies	\$
Other	\$
Please provide a copy of current pay advice	
Savings	\$

Section 6. Financial Obligations and expenditure		
Please state details of weekly outgoings?		
Outgoings	Owed to	Amount
Rent/Home Loan		\$
Other mortgages		\$
Personal loans/Hire Purchase		\$
Credit Cards		\$
Electricity costs		\$
Gas costs		\$
Health costs		\$
Council rates and charges		\$
Water Rates		\$
Other outgoings		\$
Total Expenditure		\$

Total weekly Income	\$
Total weekly Expenditure	\$
Net	\$

I hereby declare that the above information provided is true and correct.			
Applicant's signature:		Date:	

How to lodge
Lodging an application requires a completed application form. All relevant information and attached copies of supporting documents should be attached. Incomplete/illegible applications will not be accepted and will be returned to you. Lodge by email: Rates@innerwest.nsw.gov.au Lodge by mail: Rates Manager, PO Box 14, Petersham NSW 2049