



## HARDSHIP APPLICATION FORM

### Section 1. Applicant's Details (Must be the property owner)

First name:		Surname:	
Email:			
Mailing address:		Postcode:	
Suburb:		Mobile:	

### Section 2. Property Information (Application property)

Property ID Number:			
Street Address:			
Suburb:		Postcode:	
Is this property your sole or principal place of residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The property has been my sole or principal place of residence since:			
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:			
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:			

### Section 3. Owner Information

I am liable for the payment of rates and charges on this property, together with others as listed below (If no, write "Sole Owner")

Name	PCC Holder (Y/N)	Pension Number	Relationship to Applicant

### Section 4. Application

What is the cause of financial hardship?

How long have you been experiencing hardship?	
How many dependants do you support?	
What are the ages of these dependants?	

**Section 5. Financial Information**

<b>Income</b> (Please state weekly amounts)	
Net Salary	\$
Pension/s	\$
Compensation, Insurance, or Retirement benefits	\$
Salary of other occupants of the property	\$
Family allowance	\$
Interest Income or Dividends	\$
Rental Income	\$
Other	\$
<b>Total Income</b>	<b>\$</b>

<b>Expenses</b> (Please state weekly amounts)	
Rent/Home Loan	\$
Other mortgages	\$
Personal loans / Credit Cards	\$
Utilities (Electricity, Gas and Water)	\$
Health costs	\$
Council rates and charges	\$
Other expenses	\$
<b>Total Expenses</b>	<b>\$</b>

<b>Net Weekly Amount</b>	<b>\$</b>
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<b>Assets</b> (Please advise of any other assets owned)	
Savings	
Shares	
Car/s	
Other	

### Section 6. Proposed Payment Plan

Commencement Date	
Frequency	
Amount	

### Section 7. Payment

Please fill out this section if you would like Council to create the automatic payment plan on your behalf (Pending council approval on the proposed payment plan in section 6)

Payment Details			
Bank Name		Branch	
Account Name			
BSB		Account Number	

Preferred Method of Contact regarding Rates Payments			
Email	<input type="checkbox"/> Yes	SMS	<input type="checkbox"/> Yes

**I/We authorise the following:**

- Inner West Council verifies the details of the above-mentioned account with my/our Financial Institution.
- The Financial Institution to release information allowing Inner West Council to verify the abovementioned account details.
- I/We will advise Inner West Council of the cancellation of this authority should I/we wish to stop paying direct debit and will not hold Inner West Council responsible for any action arising from not doing so.
- Depending on your payment arrangement your direct debit arrangement may be cancelled after one or more retry attempts. Refer to Direct Debit Request Service Agreement for further details.
- Notification updates, including upcoming payment reminders, successful payment/s, payment dishonours and card expiry reminders will be sent to the main account holder.

Applicant Signature:		Date:	
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### Section 8. Important Information

I understand that:

- Hardship is not applicable for investment properties.
- This application form will not be assessed unless the requested supporting documentation is provided.
- If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.00.

I hereby declare that the above information provided is true and correct.

Applicant Signature:		Date:	
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