

Financial Hardship Application



About this form

This form is to be completed by Ratepayers who are presently suffering financial hardship and wish to receive consideration in this regard.

The information provided by completing this form will enable Council to determine eligibility for financial hardship support.

How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Please note that empty fields on this form are mandatory and must be completed before submitting the application.
- 3: Once completed you can submit this form by mail and in person. Please refer to the Lodgement details section for further information.

NOTE: If applicable, please provide Council with a photocopy of both sides of your current pensioner concession card/s with your application

Part 1: Declaration

Rates Assessment number

I, (full name)

of (address)

apply for a pension concession on the basis of financial hardship.

Phone number

Property description (Lot DP / SP as shown on Rates Notice)

1. Do you receive any pensions or benefits? Yes No

If yes, please provide the type of pension and amount received per fortnight.

Type of pension: Amount \$

2. Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government? Yes No

PCC number Card start date:

OR

I am NOT the holder of a Pensioner Concession Card (PCC) as my pension is issued by the Department of Veteran Affairs.

Pension number

Part 1: Declaration....continued

3. Have you claimed a Pensioner Concession on any other property this financial year? Yes No

If yes, please state the address of the other property

Suburb

State

4. The property for which I am claiming has been my sole/principal residence since:

5. I am liable for the payment of Rates and Charges on this property, together with others as listed below:

If no other people are listed on the property title, please write Sole Owner here:

All owners other than the applicant should be listed here, including your spouse.

Name	PCC Holder (Y/N)	Pension Number	Date of Grant	Relationship (e.g. Spouse)	Resident (Y/N)	% Owner

Evidence of joint ownership:

Attached

OR

Has been provided to Council previously

6. Is the property owned as share in a company title? Yes No

If you do not own or rent the property, please explain why you are liable for the Rates.

7. Are there people living at the property other than those listed in Question 5? Yes No

8. Please indicate who these people are:

Self

Spouse

Children - state ages here ▶

Boarders

Relatives

Other - please specify here ▶

Part 1: Declaration....continued

9. Do you own (either fully or partially) any other land or buildings? Yes No

If yes, please list addresses of other land or buildings below:

10. How many children do you support? ▶ Please state ages

11. What is the cause of your financial hardship?

12. How long have you been experiencing hardship?

13. Please state gross weekly amount received in dollars and cents from the following sources of income:

- | | | | |
|----|--|----|----------------------|
| a. | Pensions and Benefits | \$ | <input type="text"/> |
| b. | Compensation, Superannuation, Insurance or Retirement benefits | \$ | <input type="text"/> |
| c. | Spouse's income | \$ | <input type="text"/> |
| d. | Other residents of the property | \$ | <input type="text"/> |
| e. | Casual / part-time employment | \$ | <input type="text"/> |
| f. | Family Payment - Centrelink | \$ | <input type="text"/> |
| g. | Interest from Banks / Credit Unions / Building Societies | \$ | <input type="text"/> |

14. Please provide name and current balance of all Bank, Credit Union or Building Society accounts held by you:

Part 1: Declaration....continued

15. Please state details of weekly outgoings:

Outgoing	Going to	Amount
Rent / Home Loan		\$
Other Mortgages		\$
Personal Loans / Hire Purchase		\$
Health costs		\$
Council Rates and charges		\$
Utilities		\$
	Total	\$

Please attach a separate page with any other relevant information you feel may assist your application.

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

Please print name

Signature

Date

If you make a false statement in your application you may be guilty of an offence and fined up to \$2,200.

Part 2: Customer Consent

For the sole purpose of authorising Council to confirm with Centrelink whether or not the details I have provided to Council matches Centrelink or other Commonwealth Portfolio, Department or Agency records in relation to the current status of my Commonwealth benefit.

I, authorise the City of

Sydney Council to confirm the following personal details with Centrelink:

- Pension number
- Full name
- Address
- Postcode, and
- That I am a valid concessional card holder

I agree that unless I revoke my consent this Customer Consent record is a permanent consent, and may be relied upon by the City of Sydney Council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the City of Sydney Council **written** notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the City of Sydney Council.

I acknowledge that I have read and understood this Customer Consent record.

Please print name

Signature

Date

Part 3: Privacy and Personal Information Protection Notice

Purpose of Collection: For assessment of Financial Hardship applications.
Intended recipients: Council staff and approved contractors of the City of Sydney Council .
Supply: Voluntary. The information supplied in this application will enable an application to be assessed by the City of Sydney Council. If the information is not provided, the application may not be accepted.
Access / Correction: Contact the City of Sydney Council Customer Service Team to access or correct this information.
Storage: City of Sydney Council, 456 Kent Street Sydney NSW 2000.

Privacy and Personal Information Protection Act 1998

Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for Financial Hardship support is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for Financial Hardship support can be processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact the City of Sydney Council Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.

Privacy Statement

You will need to provide personal information to the City of Sydney Council in respect of this application. The City of Sydney Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further clarification please contact the Privacy Contact Officer at the City of Sydney Council.

Lodgement Details

You can lodge the completed application by:

MAIL: City of Sydney, GPO Box 1591, Sydney NSW 2001 **DX Address:** 1251 Sydney

IN PERSON: Town Hall House - Level 2, 456 Kent Street, Sydney
See our website for details of all customer service centres and opening hours:
<http://www.cityofsydney.nsw.gov.au/customer-service>

WHAT NOW: For further information regarding your application please contact us by:

TELEPHONE: (02) 9265 9333 **EMAIL:** council@cityofsydney.nsw.gov.au

WEBSITE: www.cityofsydney.nsw.gov.au

Office use only

Receiving CSO

Date

Receiving Rates Officer

Date

Approved Denied

Date