



Fraser Coast
REGIONAL COUNCIL

PRIVATE AND CONFIDENTIAL

Financial Hardship Relief Application

Please return to:

Private and Confidential
The Chief Executive Officer
Fraser Coast Regional Council
PO Box 1943
TORQUAY QLD 4655

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FORM

FINANCIAL HARDSHIP RELIEF APPLICATION



Privacy Notification (Information Privacy Act 2009) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Information Privacy Act 2009 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 2009 or the Government Information (Public Access) Act 2009). The Fraser Coast Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorization or as we are required to by law.

SECTION 1 - APPLICANT

Applicant	I / We, _____ (Full name/s)	

	of _____ (Address)	
	_____ (Mobile)	_____ (Telephone)
	_____ (Email)	
Apply for rates and charges relief on the basis of financial hardship.		

SECTION 2 – PROPERTY DETAILS

Assessment	Council Rates Assessment Number	_____
Description	Property address	_____
	The property for which I am claiming has been my sole/principal place of living since/...../.....	

SECTION 3 – PROPERTY OWNERS

REGISTERED OWNERS OF PROPERTY

OWNER 1.	Surname: _____	Given Name/s: _____
	Occupation: _____	Age: _____ Present Marital Status: _____
	Currently a resident of property for which rate relief is being sought <input type="checkbox"/> Yes <input type="checkbox"/> No	
OWNER 2.	Surname: _____	Given Name/s: _____
	Occupation: _____	Age: _____ Present Marital Status: _____
	Currently a resident of property for which rate relief is being sought <input type="checkbox"/> Yes <input type="checkbox"/> No	
OWNER 3.	Surname: _____	Given Name/s: _____
	Occupation: _____	Age: _____ Present Marital Status: _____
	Currently a resident of property for which rate relief is being sought <input type="checkbox"/> Yes <input type="checkbox"/> No	
OWNER 4.	Surname: _____	Given Name/s: _____
	Occupation: _____	Age: _____ Present Marital Status: _____
	Currently a resident of property for which rate relief is being sought <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 – OTHER OCCUPANTS OF PROPERTY

Please advise all children and/or other occupants of the residence

Surname	Given Name/s	Age	Relation to Applicant	Occupation	Gross Weekly Income

SECTION 5 – APPLICATION

This application is for hardship rates and charges relief for the whole or part of the year commencing: 1 July 20.....

Please explain the changes in circumstances that have affected your ability to meet your rate commitments

How long have you been experiencing hardship:

Have you ever applied for rate assistance before?

☐ Yes☐ No

If Yes, when?

What assistance was provided?

SECTION 6 – SUMMARY OF FINANCIAL POSITION

SUMMARY OF FINANCIAL POSITION (First or Combined Applicant)**PROPERTY OWNERS WHO HAVE COMBINED INCOME AND EXPENSES CAN COMBINE INFORMATION**

Please note that all income, expenditure and liabilities are to be **monthly** figures.

For example: If your gross weekly income was \$500, to calculate your monthly income you would calculate:

\$500 (weekly income) x 52 (weeks per year) / 12 (months per year) = \$2,167 per month

INCOME		
Income Received	Income Received From	Monthly Amount
Wage		
Wage		
Pension and benefits		
Interest from banks / credit unions / building societies		
Compensation, superannuation insurance or retirement benefits		
Other Income		
Total Monthly Income:		\$

EXPENSES		
	Expenses Paid to	Monthly Amount
Credit Card/s		
Electricity costs		
Gas costs		
Health costs		
Council rates and charges		
Water Rates		
Education		
Rent		
Insurance		
Telecommunications		
Other outgoings		
Total Monthly Expenses:		\$

SUMMARY OF FINANCIAL POSITION - First or Combined Applicant - continued

ASSETS		
Asset	Details	Value
Cash on Hand		
Savings or cheque accounts (e.g. bank, building society, credit union, please specify)		
Savings or cheque accounts (e.g. bank, building society, credit union, please specify)		
All properties including dwelling		
Investments (bonds, shares, etc)		
Motor vehicles		
Boat, caravan, jetski etc		
Other		

LIABILITIES				
Purpose of Loan	Creditor	Current Debt	Arrears (if any)	Monthly Repayment
Home loan				
Other mortgages				
Personal loan				
Hire purchase				
Motor vehicle loan				
Credit cards				
Other liabilities				
Total Monthly Liability Payments:				\$

Please attach documentation to substantiate financial position. Certified copies of last two Income Tax Assessments, statements from Centrelink verifying financial positions, recent payslips, and profit and loss statement for non-profit organisations. Full statements covering 3 months for all credit cards, savings or cheque accounts and loans.

SUMMARY OF FINANCIAL POSITION - Second Applicant (if not combined previously)

Please note that all income, expenditure and liabilities are to be monthly figures.

For example: If your gross weekly income was \$500, to calculate your monthly income you would calculate:

\$500 (weekly income) x 52 (weeks per year) / 12 (months per year) = \$2,167 per month

INCOME		
Income Received	Income Received From	Monthly Amount
Wage		
Wage		
Pension payment/s		
Interest dividends		
Hobby		
Other Income		
Total Monthly Income:		\$

EXPENSES		
	Expenses Paid to	Monthly Amount
Credit Card/s		
Electricity costs		
Gas costs		
Health costs		
Council rates and charges		
Water Rates		
Education		
Rent		
Insurance		
Telecommunications		
Other outgoings		
Total Monthly Expenses:		\$



SUMMARY OF FINANCIAL POSITION - Second Applicant - Continued

ASSETS		
Asset	Details	Value
Cash on Hand		
Savings or cheque accounts (e.g. bank, building society, credit union, please specify)		
Savings or cheque accounts (e.g. bank, building society, credit union, please specify)		
All properties including dwelling		
Investments (bonds, shares, etc)		
Motor vehicles		
Boat, caravan, jetski etc		
Other		

LIABILITIES				
Purpose of Loan	Creditor	Current Debt	Arrears (if any)	Monthly Repayment
Home loan				
Other mortgages				
Personal loan				
Hire purchase				
Motor vehicle loan				
Credit cards				
Other liabilities				
Total Monthly Liability Payments:				\$

Please attach documentation to substantiate financial position. Certified copies of last two Income Tax Assessments, statements from Centrelink verifying financial positions, recent payslips, and profit and loss statement for non-profit organisations. Full statements covering 3 months for all credit cards, savings or cheque accounts and loans.

SECTION 7 – CUSTOMER CONSENT (Pensioner)

Signature	For the sole purpose of authorising the Council to confirm with Centrelink whether or not the detail I / We have provided to the Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my / our Commonwealth Benefit:	
	I / We, (Full Name/s)	
	Authorise Council to confirm with Centrelink the following details: Pension Number; Name; Address; Postcode, and that I am/we are a valid concessional card holder.	
	I / We agree that, unless I / we revoke my/our consent, this Customer Consent record is a permanent consent, and may be relied on by the Council until such time as it is revoked. I/we may revoke this Customer Consent record at any time by giving the Council written notice that the consent is revoked. I / we understand if consent is revoked, I / we may not be eligible for the concession given by the Council. I / We acknowledge I / we have read and understood this Customer Consent.	
		Date: / /
	Date: / /	

SECTION 8 – STATUTORY DECLARATION

I/We _____

Of _____

In the State of Queensland, do solemnly and sincerely declare all the answers to be true and correct and I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the "Oaths Act of 1867".

I hereby undertake to accept the procedures and the rulings of the Independent Financial Hardship Relief Tribunal and that the decisions of the Independent Financial Hardship Relief Tribunal are not subject to appeal.

TAKEN AND DECLARED

AT _____) _____
Signature
DAY OF _____ 20 ____) _____
Signature

BEFORE ME _____) _____
Justice of the Peace/Commissioner for Declarations Signature

This application should be forwarded to:

PRIVATE & CONFIDENTIAL
The Chief Executive Officer
Fraser Coast Regional Council
PO Box 1943
TORQUAY QLD 4655

SECTION 9 – INFORMATION FOR APPLICANTS

Council will accept this application if all information sought is provided by you. Additional information that you may have that supports your application can be attached ([See Checklist below](#)):

Please indicate preferred repayment frequency	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
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I HAVE COMPLETED:

Section 1	Applicant	<input type="checkbox"/>
Section 2	Property Details	<input type="checkbox"/>
Section 3	Property Owners	<input type="checkbox"/>
Section 4	Other Occupants of Property	<input type="checkbox"/>
Section 5	Application	<input type="checkbox"/>
Section 6	Summary of Financial Position	<input type="checkbox"/>
Section 7	Customer Consent (Pensioner)	<input type="checkbox"/>
Section 8	Statutory Declaration	<input type="checkbox"/>
Attachments (if applicable)	Certified Annual Tax Assessments (last 2 financial years)	<input type="checkbox"/>
	Certified Pay Slip / s	<input type="checkbox"/>
	Certified Centrelink Statements	<input type="checkbox"/>
	Non-profit Organisations – Profit and Loss Statement	<input type="checkbox"/>
	3 months Full Statements for Credit Cards	<input type="checkbox"/>
	3 months Full Statements for Savings/Cheque Accounts	<input type="checkbox"/>
	3 months Full Statements for Loans	<input type="checkbox"/>

Office Use Only

Date Received	Application Number