

RATES FINANCIAL HARDSHIP APPLICATION

Local Government Centre 2 Seventh Street Murray Bridge SA 5253 Phone 08 8539 1100 Fax 08 8532 2766 council@murraybridge.sa.gov.au www.murraybridge.sa.gov.au

Complete this form only if you are applying for rate relief under Section 182 of the Local Government Act (as amended) being

(1) If a council is satisfied on the application of a ratepayer that payment of rates in accordance with this Act would cause hardship, the council may –

(a) postpone payment in whole or in part for such period as the council thinks fit:

(b) at its discretion, remit penalties and related expenses for late payment of rates where genuine financial hardship can be substantiated

| Applicant Name/s | | | | | |
|---|--|--------------------|--|--------------------|--|
| Surname 1: | | Surname 2: | | | |
| Given Names : | | Given Names | | | |
| Property Address: | | | | | |
| | | Suburb: | | State: | |
| | | | | Postcode: | |
| Postal Address (if different to above address): | | | | | |
| | | Suburb: | | State: | |
| | | | | Postcode: | |
| Telephone number/s | | | | | |
| Email address | | | | | |
| Property details | | | | | |
| Valuer General Number: | | | | | |
| Rates Balance Outstanding: | | | | As At Date: | |
| Application details | | | | | |
| Is the property for which you are apply for rate relief your principal place of residence | | | | | |
| [] Yes [] No | | | | | |
| Tick which applies to you | | | | | |
| I am the owner of the property as listed above [] | | | | | |
| I am the spouse of the owner of the property listed above [] | | | | | |
| What is your employment status | | | | | |
| Full time [] | | | | | |
| Permanent [] | | | | | |
| Casual [] | | | | | |
| Self Employed [] | | | | | |
| Unemployed [] | | | | | |
| Retired [] | | | | | |
| Do you hold or have you applied for a State Government Concession? [] Yes [] No | | | | | |
| Do you see your financial hardship as [] ongoing [] temporary | | | | | |
| [] 6 months [] 12 months [] 2 years | | | | | |
| How long have you owned the property listed above | | | | | |
| [] over 10 years | | | | | |
| [] over 3 years but less than 10 years | | | | | |
| [] less than 3 years | | | | | |
| How many dependent children do you have? | | | | | |

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Please complete and provide supporting evidence relating to your application - letters of recommendation from a financial adviser. As per the Council financial hardship policy it is a requirement you seek the assistance of an accredited financial councillor to be eligible to hardship assistance.

Please complete the following fortnightly household income and expenditure statement

| | |
|---|--|
| Income (Fortnightly) | |
| Salary or wages | |
| Pensions or annuity income | |
| Other Government Payments | |
| Rental Income | |
| Child Support | |
| All other income | |
| Total fortnightly income | |
| Expenditure (Fortnightly) | |
| Mortgage payments | |
| Car payments | |
| Food expenses | |
| Fuel expenses | |
| Power expenses (gas/electricity) | |
| Water, Gas, Electricity | |
| Council rates | |
| Phone, Internet | |
| Insurances – car, home, medical | |
| School, Child Care related expenses | |
| Medical expenses (chemist, Ambulance cover etc) | |
| Loans, Credit Card repayments | |
| All other expenditure | |
| Total fortnightly expenditure | |
| Nett fortnightly income/expenses | |

Applicant's Signature

| | | | |
|---------------------------|--|--------------|--|
| Name: Please print | | | |
| Signature: | | Date: | |

Financial Councillor's Review and Signature

| | | | |
|---------------------------|--|--------------|--|
| Name: Please print | | | |
| Signature: | | Date: | |

| | | | | | |
|---|--|--------------|--|------------------|--|
| | Date: | | | Initials: | |
| Supporting documentation received | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | | Initials: | |
| Letter Of Confirmation/Outcome Sent: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | | Initials: | |