

Complete this form only if you are applying for financial relief under Section 182 of the Local Government Act 1999 and/or the South Australian COVID-19 Emergency Response Act 2020.

(1) If a council is satisfied on the application that payment 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:

Or

(b) remit the payment in whole or in part

Applicant - BUSINESS					
Business Name:		ABN/ACN			
Contact Person:					
Property Address:	Suburb:		State:		Postcode:
Postal Address (if different to above address):	Suburb:		State:		Postcode:
Telephone number/s					
Email address					
Assessment Number:					
Balance Outstanding:		As At Date:			
Please complete the following impact statement - BUSINESS					
Under COVID 19 Legislation were you required to close:	Yes [] No []				
If partial closure required what percentage of trade remained:					
Dates applicable for closures:					
Please list the fees you are requesting assistance for: Example – lease/licence/rates/water/electricity					
Current outstanding balance owing to council: Include - lease/licence/rates/water/electricity					
Please list any/all State or Federal support or grants you have received including Job Keeper:					
Number of Employees receiving Job Keeper payment (if any):					
% Trade impact based on same period previous year:					
Estimated time to recover to previous position:					
Please complete the following monthly income and expenditure statement - BUSINESS					
	Pre-COVID 19	CURRENT	DIFFERENCE		
Total Ave Monthly Income					
Total Ave Monthly Expenditure					
Total Net Monthly Profit/Loss					
Other supporting claims relevant to application:					

I understand that if I default on this arrangement, fines and interest may apply and that I will be subject to Councils standard debt collection procedures. Any arrangements made under COVID 19 Financial hardship policy will NOT apply to arrears outstanding before March 3rd 2020.

Applicant's Signature

Name: Please print

Signature:

Date:

IMPORTANT INFORMATION

It is an offence for a person or body to make a false or misleading statement or representation in an application or to provide false or misleading information or evidence in support of an application made (or purporting to be made) under the Local Government Act 1999. The maximum penalty for this offences is \$5,000 (Section 159(2) of the Local Government Act 1999)

Office Use Only

Applicant interviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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:	