

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 - INDIVIDUALS					
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					
Assessment Number:					
Balance Outstanding:		As At Date:			

Application details - INDIVIDUALS	
Is the property for which you are applying for relief your principal place of residence: Yes [] No []	
I am the owner of the property as listed above	[]
I am the spouse of the owner of the property listed above	[]
I am primarily responsible for payments to council for the property listed above	[]
What is your employment status (Individuals)	
Full time [] Part Time [] Casual [] Self Employed [] Unemployed [] Retired []	
Has your employment changed due to COVID-19: Yes [] No []	
Detail employment change:	
Have you received or do you expect to receive the Job Seeker / Job Keeper Payment or other support: Yes [] No []	
Have you accessed your Superannuation in response to COVID-19: Yes [] No []	
Please provide any supporting evidence relating to your application - Confirmation of Job Seeker / Job Keeper payments	

Please complete the following fortnightly household income and expenditure statement - INDIVIDUALS			
Household Income (Fortnightly)	Pre-COVID 19	CURRENT	DIFFERENCE
Salary or wages			
Pensions or annuity income			
Other Government Payments			
Rental Income			
All other income			
Total Fortnightly Income			
Household Expenditure (Fortnightly)			

Mortgage payments			
Car payments			
Food expenses			
Fuel expenses			
Power expenses (gas/electricity)			
Water			
Council rates			
All other expenditure total			
Total Fortnightly Expenditure			
Nett Fortnightly Income/Expenses			

Please provide details of any other supporting claims for your 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:	