

Freedom of Information hardship form

## Privacy

## *Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required to do so by law or it is part of the Council business that is being undertaken. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council’s Privacy Officer and Health Records Officer on 1300 88 22 33 or email -* [*privacy@maroondah.vic.gov.au*](mailto:privacy@maroondah.vic.gov.au)

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| **Privacy Declaration** | | | |  | |
|    | I agree to the above Privacy Act and copyright standards.  I have read Maroondah City Councils Freedom of Information Hardship Policy. | | | | |
| Signature | |  | Date | |  |

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| **FOI Applicant’s Hardship Information** | | | | | | |
| Full Name |  | | | | | |
| Email |  | | | | Phone |  |
| Postal Address |  | | | | | |
|  | |  | | | | |
| Dependants (living with you) | | **YES / NO** | | | | |
| If yes, how many? | |  | | | | |
| What are their ages? | |  | | | | |
|  |  | | | | | |
| Status | **SINGLE / MARRIED / DE FACTO / WIDOW / WIDOWER** | | | | | |
| Spouse/ De Facto Full Name |  | | | | | |
| Address |  | | | | | |
| **Please ensure this form covers financial details of any married or de facto.** | | | | | | |
| Pension/ Concession | **YES / NO** | | Type? |  | | |

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| --- | --- | --- | --- |
| **Assets** | | |  |
|  | **$ Value** | **Detail** | |
| Investment Property | **$** |  | |
| Bank Deposits | **$** |  | |
| Shares | **$** |  | |
| Motor Vehicles | **$** |  | |
| Owners residence | **$** |  | |
| Other | **$** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income (yearly total)** | | | |  |
|  | **$ Value** | **Detail** | | |
| Salary/ wage | **$** |  | | |
| Pension | **$** |  | | |
| Property (rent or board) | **$** |  | | |
| Other | **$** |  | | |
|  |  |  | | |
| **Other Debt** | | | |  |
|  | **$ Value** | **Detail** | | |
| Mortgage | **$** |  | | |
| Credit/ Store Cards | **$** |  | | |
| Personal Loans | **$** |  | | |
| Investment Loans | **$** |  | | |
| Other | **$** |  | | |
|  |  |  | | |
| **Reason** | | |  | | |
| Please outline below the reason for this application along with any additional information that may support your application. | | | | | |
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| **Supporting Documents** | | | |  |
| Please provide a Statutory declaration advising the reasons for the hardship application fee waiver and supporting documentation proving financial hardship. For example, this may include, Centrelink documents, employment statements, bank statements, medical documents, recommendations from financial counsellor. | | | | |
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| **Declaration** | |  | | | |
| I/ we understand that under section 220 of the Local Government Act 2020,  A person who—   * Gives to a Council any information which is false or misleading in any material particular in respect of an application under this section.   may face 120 penalty units fine or imprisonment for 12 months.  I/ we understand that supporting documentation may be requested and that the application may be reviewed annually. | | | | | |
| Signature |  | | Date |  | |
| Completed application can be emailed to [foi@maroondah.vic.gov.au](mailto:foi@maroondah.vic.gov.au) or posted to PO Box 156 Ringwood VIC 3134 | | | | | |