

Financial

Assistance Form

## **Need Help?**

Please contact Revenue Services if you need help completing this form or if you are unsure about the information we need to process the application. You can also visit [www.maroondah.vic.gov.au](http://www.maroondah.vic.gov.au) or call us on 1300 88 22 33 or (03) 9298 4598. **You can also apply online.**

## 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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| **Declaration** | | | |  | |
|    | I agree to the above privacy act and copyright standards.  I have read Maroondah City Councils Financial Hardship Policy. | | | | |
| Signature | |  | Date | |  |

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| --- | --- | --- | --- | --- | --- |
| **Property Details** | | | | | |
| Assessment Number |  |  |  | |
| Property Address |  | | | |
| Is this property owned by a company or organization? | | | | **YES / NO** |
| Are there multiple property owners?  (if yes please ensure this form covers details of all owners combined) | | | | **YES / NO** |
| Is there a mortgage on the property?  (if yes please outline the value) | | | | **$** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner details** | | | | | | | |
| 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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| **Assistance Requested** | | | | | | |  | | | | | |
| **General Payment Arrangement** | | | | | | | | | | | | |
| Proposed fortnightly amount | | | $ | | | Commencement date | | | |  | | |
| **Proposed arrangement is to be paid within the current financial year (June 30)** | | | | | | | | | | | | |
|  | | |  |  | | | | |  | | | |
| **Interest Waiver** | | | | | | | | | | | | |
| Interest amount | | | $ | | | | | | | | | |
| Reason for late payment | | |  | | | | | | | | | |
| Is this the first time interest  has been charged? | | | **YES / NO** | | | | | | | | |
|  | | | | | | | | | | | | |
| **General AdHoc Arrangement** (extension of due date) | | | | | | | | | | | | |
| Amount | $ | Previous Due Date | | | / /20 | | | Proposed Due Date | | | / /20 | |

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| --- | --- | --- | --- |
| **Other Debt** | | |  |
|  | **$ Amount** | **Detail** | |
| Mortgage | **$** |  | |
| Credit/ Store Cards | **$** |  | |
| Personal Loans | **$** |  | |
| Other | **$** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income (yearly total)** | | | |  |
|  | **$ Amount** | **Detail** | | |
| Salary/ wage | **$** |  | | |
| Pension | **$** |  | | |
| Property (rent or board) | **$** |  | | |
| Other | **$** |  | | |
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| **Reason** | | |  | | |
| Please outline below the reason for this application along with any additional information that may support your application. | | | | | |
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| **Declaration** | |  | | |
| I/ we understand that under 171A of the 1989 Local Government Act,  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; or * Fails to notify a Council of any change in circumstances which is relevant to an application or to a waiver granted under this section.   Is guilty of a 10 penalty offence and may face fines of approximately $1,850.00.  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 [maroondah@maroondah.vic.gov.au](mailto:maroondah@maroondah.vic.gov.au) or posted to PO Box 156 Ringwood VIC 3134. | | | | |