

Financial

Hardship 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*

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| **Privacy 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) | **$** |

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| **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 FactoFull 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** |  |
| **Financial Hardship Payment Arrangement** |
| Proposed amount | $ | Proposed Frequency |  |
|  |  |  |  |
| **Financial Hardship Rate Deferral** |
| Amount |  **$** | Proposed payment date |  **/ / 2 0** |
| Deferments will only be offered to eligible applicants for a maximum of 12 months deferral. |
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| **Financial Hardship Rate Waiver** |
| In situations where extreme financial hardship has been established, Council may consider the waiving of rates on a case by case basis. |

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| **Assets** |  |
|  | **$ Amount** | **Detail** |
| Investment Property | **$** |  |
| Bank Deposits | **$** |  |
| Shares | **$** |  |
| Motor Vehicles | **$** |  |
| Other | **$** |  |

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| **Income (yearly total)** |  |
|  | **$ Amount** | **Detail** |
| Salary/ wage | **$** |  |
| Pension | **$** |  |
| Property (rent or board) | **$** |  |
| Other  | **$** |  |
|  |  |  |
| **Other Debt** |  |
|  | **$ Amount** | **Detail** |
| Mortgage | **$** |  |
| Credit/ Store Cards | **$** |  |
| Personal Loans | **$** |  |
| Other  | **$** |  |
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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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| **Supporting Documents**  |  |
| Please provide supporting documentation of financial hardship. For example, this could include, Centrelink documents, employment statements, bank statements, medical documents, recommendations from financial counsellor. |
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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 or posted to PO Box 156 Ringwood VIC 3134 |