

# HARDSHIP INTEREST RELIEF APPLICATION FORM

Approved by the Director General of the Department of Local Government, in accordance with clause 135 of the Local Government (General) Regulation 2005 under the *Local Government Act 1993*.

## APPLICATION FOR HARDSHIP INTEREST RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20\_\_

*\*please answer all questions relevant to you using block letters and ticking appropriate boxes.*

Assessment No. \_\_\_\_\_

I, \_\_\_\_\_  
(Full name in block letters)

of \_\_\_\_\_  
(Address)

Telephone number \_\_\_\_\_ apply for a concession on the basis of financial hardship.

Property Description (Lot/Plan) \_\_\_\_\_  
(office use only)

1. Do you receive any pensions or benefits?  Yes  No

If yes, please provide type of pension and amount received per fortnight.

Pension: \_\_\_\_\_ Amount: \_\_\_\_\_

2. Do you have a current Pensioner Concession Card issued by the Commonwealth Government?  Yes  No

PCC No. \_\_\_\_\_ Date of Grant: \_\_\_\_\_

3. Have you claimed a pensioner concession on any other property this year?  Yes  No

If yes, state the address of the other property: \_\_\_\_\_

4. Is this property your sole or principle place of living?  Yes  No

The property for which I am claiming has been my sole/principle place of living since: \_\_\_\_\_

5. I am liable for the payment of rates and charges on this property, together with others as listed below. (If no others, write "SOLE OWNER") \_\_\_\_\_

Please provide details of all “other” persons indicated in Question 5. (**ALL OWNERS** other than the applicant should be listed, including your spouse):

Name	PCC Holder Y/N	Pension No.	Date of Grant	Relationship to me (eg: spouse, father, co-owner etc)	Resident of Property Y/N	% of ownership

Evidence of joint ownership is attached/has been provided to Council previously (circle whichever applicable).

6. Is the property owned as shares in a company title?  Yes  No  
 If you do not own or rent the property, please explain why you are liable to pay the rates: \_\_\_\_\_

7. Are there people living at the property other than those listed at Question 5?  Yes  No

8. Please indicate who these people are.  
 Self  
 Spouse  
 Children (State ages \_\_\_\_\_)  
 Boarders  
 Relatives  
 Other (please specify) \_\_\_\_\_

9. Do you own (either fully or partially) any other land or buildings?  Yes  No

If yes, list addresses.

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10. How many children do you support? \_\_\_\_\_ State ages \_\_\_\_\_

11. What is the cause of financial hardship?

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12. How long have you been experiencing hardship?

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13. Please state gross weekly amount received in dollars and cents from the following sources of income:

a) Pensions and benefits \$ \_\_\_\_\_

b) Compensation, superannuation insurance  
or retirement benefits \$ \_\_\_\_\_

c) Spouse's income \$ \_\_\_\_\_

d) Income of other residents of the property \$ \_\_\_\_\_

e) Casual/part-time employment \$ \_\_\_\_\_

f) Family allowance \$ \_\_\_\_\_

g) Interest from Banks/Credit Unions/Building  
Societies \$ \_\_\_\_\_

14. Please provide name and current balance of all bank, credit union or building society accounts held by you.

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15. Please state details of fortnightly outgoings.

<b>Outgoing</b>	<b>Owed to</b>	<b>Amount</b>
Rent/Home Loan		
Other mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		

Please attach a separate page with any other relevant information you feel may assist you application.

I hereby declare that the information provided is true and correct. **If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **IMPORTANT NOTICE**

### **CUSTOMER CONSENT**

For the sole purpose of authorising the Council to confirm with Centrelink whether or not the detail I have provided to the Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I \_\_\_\_\_ (full name) authorise the Council to confirm with Centrelink the following details:

- Pension No.
- Name
- Address
- Postcode, and
- That I am a valid concessional card holder

I agree that unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the Council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the Council **written** notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the Council.

I acknowledge I have read and understood this Customer Consent record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998**  
**Compliance with Section 10**

The information contained in this application form and any information requested for the purpose of assessing eligibility for a pensioner concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for a pensioner concession can be processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact the Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.