

# Application for assessment due to financial hardship

I wish to apply for:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deferral of rates & charges	Waiver of rates & charges	Waiver of future interest charges	Write off of interest charged to date

Do you consider your hardship to be:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Temporary	Long-term	Property number <i>You will find the property ID number on your rates notice</i>

Property address

Circumstance / reason for hardship:

## APPLICANT DETAILS

Name

Contact numbers

<input type="text"/>	<input type="text"/>
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## FINANCIAL ASSESSMENT

Net Income

Value of assets owned

Total Expenses

Value of loans and other debts

Difference

Difference

## CRITERIA ASSESSMENT

	Yes / No	Comment if required
Are you receiving, or recently received, financial counselling?		
Is this house where you live?		
Are you planning on selling your property in the short term?		
Do you run a business from home?		
Do you owe rates money for more than one year?		
Are rates payments hard to make?		
Can you make regular small payments?		If so, how much per fortnight?
How many financial dependents do you have?		
Are you the sole income earner for your dependents?		
Do you receive a Government pension or allowance?		
Are you a concession card holder?		
Can you provide a financial statement that outlines your income and expenses? If yes, please attach a copy.		

NB. As per S171A of the Local Government Act, any person who gives false or misleading information, or who fails to notify Council of any change in circumstances relevant to this application, is guilty of an offence and liable 10 penalty units.

Signature of applicant: \_\_\_\_\_

DATE

## LODGEMENT OF FORM



Mail:  
Mount Alexander Shire Council  
PO Box 185  
Castlemaine  
Vic, 3450



In Person:  
Civic Centre  
cnr Lloyd & Lyttleton Sts  
Castlemaine



Email:  
rates@mountalexander.vic.gov.au

OFFICE USE ONLY

REPAYMENT CAPACITY

Based upon the information provided in the application, does the applicant have the financial capacity to make repayments?

Yes

No

If YES, how much could be paid per fortnight?

\$

ASSESSMENT SUMMARY

Rates outstanding

Arrears

Current

Total

The applicant complies with how many policy criteria?

of 10

Has the applicant identified that they have the capacity to make repayments?

Yes

No

RECOMMENDATION

Based upon:

- (a) compliance with Council's policy
- (b) any identified capacity by the applicant to make regular repayments of outstanding rates
- (c) any offer to make such repayments

It is recommended that financial assistance be granted:

(a) waiving \_\_\_\_\_% of interest raised to date

Yes

No

(b) not raising any further interest on this account

Yes

No

(c) deferral of rates and charges

Yes

Over how many months?

No

(d) waiving rates and charges

Yes

No

This arrangement is to be reviewed:

In 12 months

In 24 months

As required

Signed \_\_\_\_\_

DATE

Signed \_\_\_\_\_

DATE