|  |
| --- |
| WALGA Note:  WALGA recommends the template is reviewed and modified to align with the adopted Financial Hardship Policy, your community’s circumstances, and administration operational requirements. |

**TEMPLATE**

**FINANCIAL HARDSHIP APPLICATION**

The <<Shire / Town / City>> has adopted a Financial Hardship Policy to support and assist those in our community that may be suffering financial hardship or other life events that impact a person’s capacity to pay their Rates and Service Charges. We want to ensure that eligible Ratepayers can apply and be considered for assistance to meet their Rates payment responsibilities.

A successful application will result in a rates payment plan agreed between you and the <<Shire / Town / City>> and if there is extreme financial hardship, penalty interest may be written off or not applied to the rates debt for a period of time.

Of course, the <<Shire / Town / City>> expects that Ratepayers will make reasonable efforts to make payments in accordance with their agreed payment plan, but we do understand that things can change and you can contact us at any time to request an adjustment to your payment plan.

**Are you eligible to apply?**

Any Ratepayer experiencing difficulties in meeting their financial commitments is eligible to apply.

**How is a decision made about my application?**

Decisions about financial hardship applications will be assessed based on the information provided in the application form and attachments submitted. This information will be assessed against the requirements of the <<Shire / Town / City’s>> Financial Hardship Policy. You can read the Financial Hardship Policy on our website <<insert a hyperlink to the policy >> or request a copy from our Rates Section.

After you submit an application, we will contact you if we need more information.

**Do you need help to make an application?**

Contact our Rates Section on (08) 9999 9999 or 1800 999 999 (Freecall) and one of our friendly staff will assist you. We can assist you over the phone, in a face-to-face appointment or we can connect you with other financial counselling or community support agencies to meet your needs.

**Privacy and Confidentiality**

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your rates debt.

**Right to have the decision reviewed**

If you are not happy with our decision about your application, you can ask for the decision to be reviewed. Decision review requests can be submitted to the Chief Executive Officer, who will consider your request and advise you of the outcome. Email your request to <<[xxxx@xxxx.wa.gov.au](mailto:xxxx@xxxx.wa.gov.au)>> or mail to <<postal address>>

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA – check the website [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) or Phone 08 9220 7555, Freecall 1800 117 000 or email [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au)

**RATEABLE PROPERTY DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Address:** |  | | | | | |
| Suburb: |  | | Postcode: | |  |
| **Assessment Number** *(if known)* | | |  | | | |
| **Outstanding Rate Account Balance** *(if known)* | | | $ | | | |
| **Is the property owner / occupied or is it rented?** | | | Owner/Occupied | | | |
| Tenanted Rental | | | |
| Untenanted Rental | | | |
| **If the property is rented, how is it managed?** | | | Managing Agent (provide agent’s name) | | | |
| Privately managed | | | |
| **If you are the lessee of the rateable property, what type of lease do you hold?** | | | Peppercorn | | Mining tenement | |
| Commercial | | Crown | |

**APPLICANT DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ratepayer 1** | | | | | | | |
| **Company Name** |  | | | | | | |
| **Surname:** |  | | **First Name:** | |  | | |
| **Residential Address:** |  | | | | | | |
| Suburb: |  | | | | Postcode: |  |
| **Postal Address** |  | | | | | | |
| Suburb: |  | | | | Postcode: |  |
| **Email:** |  | | | | | | |
| **Telephone:** |  | | | Mobile: | |  | |
| **If we need to phone you, what time of day is most convenient for you?** | | | | | | | |
| Business Hours 9am – 5pm  Early Morning 6am – 9am  Evening 5pm to 7pm | | | | | | | |
| **Ratepayer 2** *(if applicable)* | | | | | | | |
| **Company Name** |  | | | | | | |
| **Surname:** |  | | **First Name:** | |  | | |
| **Residential Address:** |  | | | | | | |
| Suburb: |  | | | | Postcode: |  |
| **Postal Address** |  | | | | | | |
| Suburb: |  | | | | Postcode: |  |
| **Email:** |  | | | | | | |
| **Telephone:** |  | | | Mobile: | |  | |
| **If we need to phone you, what time of day is most convenient for you?** | | | | | | | |
| Business Hours 9am – 5pm  Early Morning 6am – 9am  Evening 5pm to 7pm | | | | | | | |

**FAMILY CIRCUMSTANCES**

Are you supporting dependents?

|  |  |  |
| --- | --- | --- |
|  | **Spouse / Partner** | |
|  | **Children** How many dependent children do you support? |  |
|  | **Other** *(please provide details)* | |
|  | |

**NOMINATE AN AUTHORISED AGENT**

You can authorise another person to deal with the <<Shire / Town / City>>   
regarding your financial hardship application and rates debt:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Name:** |  | | | | | | |
| **Contact Surname:** |  | | | **First Name:** | |  | |
| **Contact Address:** |  | | | | | | |
| Suburb: |  | | | Postcode: | |  |
| **Email:** |  | | | | | | |
| **Telephone:** |  | | Mobile: | |  | | |

**PREVIOUS RATE PAYMENT ARRANGEMENTS**

Please tell us what option you chose to pay your rates in the last financial year.

|  |  |  |
| --- | --- | --- |
|  | **Paid in Full** | |
|  | **Instalments x 2 payments** | Paid in Full Yes / No |
|  | **Instalments x 4 payments** | Paid in Full Yes / No |
|  | **Special Payment Plan** | Plan still active OR  Plan cancelled (*defaulted)* |
|  | **Unknown** *(The <<Shire / Town / City>> can find this information in our records if you are unable to provide it here.)* | |
|  | **Other** *(please provide details)* | |

**RATE CONCESSION ENTITLEMENT**

You may be entitled to a Rates concession or deferment.

|  |  |  |
| --- | --- | --- |
| Applicant 1 | Applicant 2 | Do currently you hold any of the following cards? |
|  |  | **Seniors Card ONLY** |
|  |  | **WA Seniors Card AND a Commonwealth Health Care Card**  *(you must have both cards)* |
|  |  | **Pensioner Concession Card OR State Concession Card** |

**FINANCIAL HARDSHIP INFORMATION**

Please tell us about the reasons your financial circumstances have changed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Ratepayer 1** | | **Ratepayer 2** |
| **Have you petitioned for bankruptcy?**  *If yes, you are not eligible under the Financial Hardship Policy.* | | Yes / No | | Yes / No |
| *Please select all applicable reasons from the list below:* | | | | |
|  | **Unemployed** Date employment ceased: |  | |  |
|  | **Under-employed** Average hours worked p/week: |  | |  |
|  | **Temporarily stood-down** Date of stand-down: |  | |  |
|  | **Income has been reduced** *Please provide details in the Financial Information section below.* | | | |
|  | **Unable to work due to responsibilities as a carer** | | *Please attach copy of letter from medical practitioner* | |
|  | **Unable to work due to physical or mental health diagnosis** | |
|  | **Death in the family** | | | |
|  | **Family or domestic violence** | | | |
|  | **Other** *(Please provide details)* | | | |

**CURRENT FINANCIAL INFORMATION**

Accurate financial information is important so you do not commit to an unrealistic payment plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INCOME** *Please provide* ***monthly*** *Net Income* | | | **Ratepayer 1** | **Ratepayer 2** |
|  | **Wages / Salary** | | $ | $ |
|  | **Pension or other Government Benefit** (i.e. JobSeeker) | | $ | $ |
|  | **Interest or earnings from banks, financial institutions or dividends** | | $ | $ |
|  | **Compensation, superannuation, insurance or retirement benefits** | | $ | $ |
|  | **Child Support Payments** | | $ | $ |
|  | **Rental income** | | $ | $ |
|  | **Other income?** (Please describe | | $ | $ |
| Office Use ONLY | | Calculate Total Monthly Income | $ |  |
| If **Reduced Income** is a reason for this Financial Hardship Application, please complete: | | | **Ratepayer 1** | **Ratepayer 2** |
| **Previous monthly income:** | | | $ | $ |
| **Date that reduced income occurred:** | | | / / 2020 | / / 2020 |
| **Current monthly income:** | | | $ | $ |
| **Is the reduction in your income temporary?** | | | Yes / No | Yes / No |
| Office Use ONLY | | Calculate Monthly Income Reduction | $ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPENSES**  *Please provide* ***monthly household expenditure*** *as a total for all applicants :* | | | | **$ Amount per month** |
|  | **Mortgage / Home Loan** | | | $ |
|  | **Other Mortgages / business loans** | | | $ |
|  | **Lease / rental payments** | | |  |
|  | **Other loans** | | | $ |
|  | **Credit Card/s** | | | $ |
|  | **Utilities** | | **Power** | $ |
| **Water** | $ |
| **Internet** | $ |
| **Phone/s** | $ |
|  | **Insurances** | | | $ |
|  | **Food and living expenses** | | | $ |
|  | **Motor vehicle expenses** *(licensing, repairs, fuel)* | | | $ |
|  | **Entertainment** *(streaming services / eating out, etc)* | | | $ |
|  | **Other expenditure?** *(Please provide details)* | | | $ |
| Office Use ONLY | | Calculate Total Monthly Expenditure | | $ |

**SUPPORTING DOCUMENTS**

Please provide copies of documents you may have to support this application.

|  |  |
| --- | --- |
|  | **Letter from financial counsellor, confirm financial hardship circumstances** |
|  | **Letter from medical practitioner** |
|  | **Centrelink payment evidence** |
|  | **Letter from your employer / recent payslips** |
|  | **Letter from another agency that has deemed you to be in financial hardship** *i.e. your bank, superannuation fund or utility provider* |
|  | **Statutory declaration from a professional familiar with your financial circumstances** *i.e. family doctor, accountant* |
|  | **Other** *(please list)* |
|  |  |

**PAYMENT PROPOSAL**

Please provide a payment proposal that, if approved, will be your commitment to make payments toward your rates debt.

Before selecting an option below, please consider all your financial commitments so that your payment proposal will **not** limit your ability to meet basic living expenses for you and your dependents.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **OPTION 1 Regular Payment Plan** | | | | | | | |
| Nominate how much you want to pay and how frequently you want to pay this amount.  **This option is preferred** as it will help you to reduce your rates debt through regular payments. This option helps to avoid having to make a large single payment that may impact your ability to meet basic living expenses for you and your dependents. | | | | | | | |
| **Proposed Payment Amount:** | | $ | | | | | |
| **Proposed Payment Frequency** | | Weekly | Fortnightly | | | | Monthly |
| Bi-monthly | | Quarterly | | | |
| **Proposed Start Date:** | |  | | | | | |
|  | |  | | | | |  | |
|  | **OPTION 2 Defer Payment in Full** | | | | | | | |
| Nominate a date on which you will pay your rates debt in full.  This option may be suitable if you are temporarily unable to work or temporarily have reduced income and you know when your circumstances will return to normal.  **DO NOT select this option** if you are not certain that you can pay your rates debt in full on or before the nominated date, as if you fail to do so, the <<Shire / Town / City>> may initiate debt collection proceedings. | | | | | | | |
| **Please defer my rates debt DUE DATE to:** | | | | | *(Write date here)* | | |

DECLARATION

**I/We declare that the information provided in this Financial Hardship Application is accurate and I will advise the <<Shire / Town / City>> if there is any change to my / our financial circumstances that impacts my/our ability to adhere to the payment plan.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ratepayer 1 Signature** |  | **Date:** |  |
| **Ratepayer 2 Signature** |  | **Date** |  |