

Financial Hardship Assistance Application Form

Horsham Rural City Council understand that going through this process can be confronting, but please rest assured that your application for financial hardship assistance will be treated as completely confidential.

Further information on the processes surrounding these applications, and the types of financial hardship assistance that we offer can be found within our 'Rates and Charges Financial Hardship Policy' which is available to the public through our website.

Before completing this form, we urge you to please contact our office for a confidential conversation with the Co-ordinator Revenue – there are flexible payment plan and interest waiver options available which do not require this form to be completed.

| SECTION 1: PERSONAL DETAILS | | | | | | |
|--|-------------------|-----------------|--------------------|--|--|--|
| Family Name: | Given Name(s): | | | | | |
| Residential Address: | | | | | | |
| Mobile: | | Phone: | | | | |
| Email: | | Date of Birth: | | | | |
| SECTION 2: PROPERTY DETAIL | | | | | | |
| Property address that this applicate | tion relates to: | | | | | |
| Please list below all peop | ple who currently | live at the pro | pperty in question | | | |
| | ntionship Age | | Occupation | | | |
| | 9 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SECTION 3: INCOME DETAILS | | | | | | |
| Are you currently employed? | | | | | | |
| What is your occupation? | | | | | | |
| Who is your employer? | | | | | | |
| Do you have a current Pensioner Concession Card? | | | | | | |
| Type of pension or benefit? | | | | | | |

| Fortnightly income – Please complete the below table with the amount which you and your partner (if applicable) <i>receive</i> for each category on a fortnightly basis | | | | |
|---|------|----------------|--|--|
| Income (after tax) | Self | Spouse/Defacto | | |
| Wage/Salary | \$ | \$ | | |
| Centrelink Payments | \$ | \$ | | |
| Investment Income | \$ | \$ | | |
| Other Income | \$ | \$ | | |
| Money owed to you | \$ | \$ | | |
| Total Income: | \$ | \$ | | |

| SECTION 4: EXPENDITURE DETAILS | | | | | |
|---|------|----------------|--|--|--|
| Fortnightly expenditure – Please complete the below table with the amount which you and your partner (if applicable) spend for each category on a fortnightly basis | | | | | |
| Expenditure | Self | Spouse/Defacto | | | |
| Mortgage/Rent/Board | \$ | \$ | | | |
| Loan Repayments | \$ | \$ | | | |
| Credit Card Repayments | \$ | \$ | | | |
| Gas/Electricity | \$ | \$ | | | |
| Water | \$ | \$ | | | |
| Telephone | \$ | \$ | | | |
| Medical/Dental | \$ | \$ | | | |
| Food/Groceries | \$ | \$ | | | |
| Insurances (Home, Contents, Car, etc) | \$ | \$ | | | |
| Vehicle (Registration, Fuel, Maintenance, etc) | \$ | \$ | | | |
| Education | \$ | \$ | | | |
| Clothing | \$ | \$ | | | |
| Entertainment | \$ | \$ | | | |
| Other Expenses | \$ | \$ | | | |
| Total Expenditure: | \$ | \$ | | | |

| SECTION 5: ASSETS | | | | |
|---|----|--|--|--|
| Please complete the below table with a total value of all monies/items of value which you and your partner (if applicable) currently have | | | | |
| Current balance across all bank accounts with a credit balance | \$ | | | |
| Shares | \$ | | | |
| Other Property (Real Estate) | \$ | | | |
| Superannuation | \$ | | | |
| Vehicles (including boats, motorcycles, etc) | \$ | | | |

| SECTION 6: LIABILITES Please complete the below table with a total value of all debts which you and your | | | |
|---|----|--|--|
| partner (if applicable) currently owe | | | |
| Mortgage Balance | \$ | | |
| Credit Card Balance(s) | \$ | | |
| Other Loans (Personal, Car, Student) | \$ | | |
| Other Liabilities | \$ | | |

Please attach any other relevant information that may support your application (eg. Financial statements, taxation returns, bank records, etc) Please also feel free to outline any other pertinent information relevant to your application below. Declaration I hereby declare that the information provided within this form is true and correct SIGNED DATED WITNESSED DATED WITNESS NAME PHONE NO