

APPLICATION FOR FINANCIAL HARDSHIP

The Town has adopted a Financial Hardship Policy (LG 532) as we know many in our community may be suffering financial hardship as a result of the Coronavirus (COVID-19) or other life events that impact a person's capacity to pay their Rates and other debts.

Before completing and submitting this application form please refer to the Town's Financial Hardship Policy, LG 532 which is available on our website. Applications can be emailed to toc@claremont.wa.gov.au, hand delivered or posted to PO Box 54, Claremont WA 6910.

Are you eligible to apply?

Any ratepayer, property owners, business owners, member of the community and/or sporting groups experiencing difficulties in meeting their financial commitments can apply. The financial hardship policy applies to outstanding rates, service charges and/or any debt owed to the Town.

If you do not meet the criteria under the Financial Hardship Policy and would like to request a flexible payment arrangement, please complete an "Application for payment arrangement" form.

Approved applications under the financial hardship policy incur 0% interest. Other approved payment arrangements will incur interest at 5.5% per annum.

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 Town's Financial Hardship Policy.

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

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 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.

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA.

PART A - RATEABLE PROPERTY DETAILS

TO BE COMPLETED IF THE APPLICATION IS IN RELATION TO OUTSTANDING RATES OR SERVICE CHARGES

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

PART B- DETAILS OF DEBT OWED

TO BE COMPLETED IF THE APPLICATION RELATES TO A DEBT THAT IS NOT A RATE OR SERVICE CHARGE

Description of debt	
Invoice Reference	
Amount Owing	
Due Date	

PART C- TO BE COMPLETED FOR ALL APPLICATIONS

APPLICANT DETAILS

Ratepayer/Applicant 1			
Company Name			
Position			
Surname:		First Name:	
Residential Address:			
	Suburb:		Postcode:
Postal Address:			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

Ratepayer/Applicant 2			
Company Name			
Position			
Surname:		First Name:	
Residential Address:			
	Suburb:		Postcode:
Postal Address:			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

FAMILY CIRCUMSTANCES (IF RELEVANT)

Are you supporting dependents?

<input type="checkbox"/>	Spouse / Partner		
<input type="checkbox"/>	Children	How many dependent children do you support?	
<input type="checkbox"/>	Other <i>(please provide details)</i>		

NOMINATE AN AUTHORISED AGENT

You can authorise another person to deal with the Town 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 (IF APPLICABLE)

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

<input type="checkbox"/>	Paid in Full	
<input type="checkbox"/>	Instalments x 2 payments	Paid in Full <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Instalments x 4 payments	Paid in Full <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Special Payment Plan	<input type="checkbox"/> Plan still active OR <input type="checkbox"/> Plan cancelled (<i>defaulted</i>)
<input type="checkbox"/>	Unknown	
<input type="checkbox"/>	Other (<i>please provide details</i>)	

RATE CONCESSION ENTITLEMENT (IF APPLICABLE)

You may be entitled to a Rates concession or deferment.

Applicant 1	Applicant 2	Do currently you hold any of the following cards?
<input type="checkbox"/>	<input type="checkbox"/>	Seniors Card ONLY
<input type="checkbox"/>	<input type="checkbox"/>	WA Seniors Card AND a Commonwealth Health Care Card <i>(you must have both cards)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Pensioner Concession Card OR State Concession Card

FINANCIAL HARDSHIP INFORMATION

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

		Ratepayer/Applicant 1	Ratepayer/Applicant 2
Have you petitioned for bankruptcy?		<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>Please select all applicable reasons from the list below:</i>			
<input type="checkbox"/>	Is your financial hardship caused by the impacts of the Coronavirus (COVID-19?)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Unemployed Date employment ceased:		
<input type="checkbox"/>	Under-employed Average hours worked p/week:		
<input type="checkbox"/>	Temporarily stood-down Date of stand-down:		
<input type="checkbox"/>	Income has been reduced <i>Please provide details in the Financial Information section below.</i>		
<input type="checkbox"/>	Unable to work due to responsibilities as a carer	<i>Please attach copy of letter from medical practitioner</i>	
<input type="checkbox"/>	Unable to work due to physical or mental health diagnosis		
<input type="checkbox"/>	Diagnosed with Coronavirus (COVID-19) and unable to work		
<input type="checkbox"/>	Unable to work due to self-isolation	Start Date:	
		End Date:	
<input type="checkbox"/>	Death in the family		
<input type="checkbox"/>	Family or domestic violence		
<input type="checkbox"/>	Other <i>(Please provide details)</i>		

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

INCOME Please provide <u>monthly</u> Net Income		Ratepayer/Applicant 1	Ratepayer/Applicant 2
<input type="checkbox"/>	Wages / Salary	\$	\$
<input type="checkbox"/>	Pension or other Government Benefit	\$	\$
<input type="checkbox"/>	JobKeeper	\$	\$
<input type="checkbox"/>	JobSeeker	\$	\$
<input type="checkbox"/>	Interest or earnings from banks, financial institutions or dividends	\$	\$
<input type="checkbox"/>	Compensation, superannuation, insurance or retirement benefits	\$	\$
<input type="checkbox"/>	Child Support Payments	\$	\$
<input type="checkbox"/>	Rental income	\$	\$
<input type="checkbox"/>	Other income? (Please describe <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	\$	\$
Office Use ONLY	Calculate Total Monthly Income	\$	
If Reduced Income is a reason for this Financial Hardship Application, please complete:		Ratepayer 1/Applicant 1	Ratepayer 2/Applicant 2
Previous monthly income:		\$	\$
Date that reduced income occurred:		/ / 2020	/ / 2020
Current monthly income:		\$	\$
Office Use ONLY	Calculate Monthly Income Reduction	\$	
EXPENSES			\$ Amount per month

Please provide monthly household expenditure as a total for all applicants :			
<input type="checkbox"/>	Mortgage / Home Loan		\$
<input type="checkbox"/>	Other Mortgages / business loans		\$
<input type="checkbox"/>	Other loans		\$
<input type="checkbox"/>	Credit Card/s		\$
<input type="checkbox"/>	Utilities	Power	\$
		Water	\$
		Internet	\$
		Phone/s	\$
<input type="checkbox"/>	Insurances		\$
<input type="checkbox"/>	Food and living expenses		\$
<input type="checkbox"/>	Motor vehicle expenses (<i>licensing, repairs, fuel</i>)		\$
<input type="checkbox"/>	Entertainment (<i>streaming services / eating out, etc</i>)		\$
<input type="checkbox"/>	Other expenditure? (<i>Please provide details</i>)		\$
Office Use ONLY		Calculate Total Monthly Expenditure	\$

SUPPORTING DOCUMENTS

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

<input type="checkbox"/>	Letter from financial counsellor, confirm financial hardship circumstances
<input type="checkbox"/>	Letter from medical practitioner
<input type="checkbox"/>	Centrelink payment evidence
<input type="checkbox"/>	Letter from your employer / recent payslips
<input type="checkbox"/>	Letter from another agencies that has deemed you to be in financial hardship <i>i.e. your bank, superannuation fund or utility provider</i>

<input type="checkbox"/>	Statutory declaration from a professional familiar with your financial circumstances <i>i.e. family doctor, accountant</i>
<input type="checkbox"/>	Other <i>(please list)</i>
<input type="checkbox"/>	Statutory declaration from applicant/s certifying the accuracy of the information provided in this application form <i>(This must be provided for your application to be considered)</i>

PAYMENT PROPOSAL

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

<input type="checkbox"/>	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 debt through regular payments.		
	Proposed Payment Amount:	\$	
	Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
		<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Quarterly
	Proposed Start Date:		
<input type="checkbox"/>	OPTION 2 Defer Payment in Full		
	Nominate a date on which you will pay your debt in full. This option may be suitable if you are <u>temporarily</u> unable to work or <u>temporarily</u> have reduced income and you <u>know</u> when your circumstances will return to normal. DO NOT select this option if you are not certain that you can pay your debt in full on or before the nominated date, as if you fail to do so, the Town may initiate debt collection proceedings.		
	Please defer my debt DUE DATE to:	<i>(Write date here)</i>	

SIGNATURE OF APPLICANT/S

Ratepayer /Applicant 1 Signature		Date:	
Ratepayer/Applicant 2 Signature		Date	

By submitting this application, you agree to promptly advise the Town in writing if there is any change to my / our financial circumstances.

APPROVAL

Office Use only
Approved/Not Approved

Signature of Authorising Officer		Date:	
Name of Authorising Officer			