

APPLICATION FOR CONSIDERATION DUE TO FINANCIAL HARDSHIP

MITCHELL SHIRE COUNCIL



IN ACCORDANCE WITH COUNCILS FINANCIAL HARDSHIP POLICY

Please complete all sections of this form and return to Council using one of the below options;

IN PERSON: To one of Council's Customer & Library Service Centres
(Broadford, Kilmore, Seymour & Wallan)

BY MAIL: Addressed to Mitchell Shire Council, 113 High Street Broadford

EMAIL: mitchell@mitchellshire.vic.gov.au

SECTION 1 – YOUR DETAILS

SURNAME	
GIVEN NAMES	
POSTAL ADDRESS	
CONTACT PHONE NUMBER	
CONTACT EMAIL ADDRESS	

DO YOU HOLD A CURRENT PENSION CONCESSION CARD (CENTRELINK OR DVA) OR DVA GOLD CARD (TPI OR WAR WIDOW)?

YES

NO

NOTE: If you have a valid pension concession card and have not claimed for the Municipal Rates Pension Concession, Council may contact you to discuss this process with you further.

SECTION 2B – PROPERTY DETAILS (COMPLETE THIS SECTION FOR RATES & CHARGES ASSISTANCE)

PROPERTY NUMBER <i>(IF KNOWN)</i>	PROPERTY ADDRESS

IS THE PROPERTY YOUR PRINCIPAL PLACE OF RESIDENCE?

YES NO

NOTE: Council cannot approve any applications for assistance on any property that is not the applicants principal place of residence.

DO YOU OWN ANY OTHER PROPERTY?

YES NO

(IF YES PLEASE PROVIDE DETAILS BELOW)

PROPERTY ADDRESS	MUNICIPALITY	CURRENT COUNCIL VALUATION

HOW MANY PEOPLE OVER 18 YEARS OF AGE LIVE AT THE PROPERTY?

HOW MANY PEOPLE UNDER THE AGE OF 18 LIVE AT THE PROPERTY?

SECTION 2B – ACCOUNT DETAILS (COMPLETE THIS SECTION FOR DEBTOR ACCOUNT ASSISTANCE)

ACCOUNT NUMBER	ACCOUNT HOLDERS NAME	SERVICE TYPE (eg. Kindergarten)

SECTION 3 – ASSESSMENT INFORMATION

Note: This information may be provided separately, Council recommends using ASIC's MoneySmart Budget Planner that can be found on the MoneySmart website www.moneysmart.gov.au

HOUSEHOLD INCOME

Monthly Income	Adult 1	Adult 2	Adult 3	Adult 4
Wage/Salary				
Pension/Family Payment				
Child Maintenance				
Rent / Board				
Other				
Total				

HOUSEHOLD EXPENSES

Expense Amount / Month	Adult 1	Adult 2	Adult 3	Adult 4
Mortgage / Rent / Board				
Credit Card Repayments				
Other Loan Repayments				
Child Care				
Utilities / Insurance				
Living				
School fees				
Child Maintenance				
Other				
Total				

Please attach copies of any supporting documentation (eg. payment advice, bank statements) you have that can verify the above information. If this information is not provided Council may not be able to process your application.

SECTION 4 – YOUR CIRCUMSTANCES

Please use this space to briefly outline your current circumstances.

Do you believe that there is a reasonable expectation that these circumstances will improve?

YES

NO

SECTION 5 – REPAYMENT ARRANGEMENT

Please indicate a repayment arrangement that you could **realistically** maintain and afford with your current circumstances.

RATES & CHARGES			
Amount	\$	_____	
Frequency:	Weekly	<input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Beginning From:	_____/_____/_____		

DEBTOR ACCOUNTS			
Amount	\$	_____	
Frequency:	Weekly	<input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Beginning From:	_____/_____/_____		

Council may contact you to request further information in regard to any information that has been provided as part of this application.

SECTION 6 - ACKNOWLEDGEMENT

Please read the below statements carefully. If you agree with the below statements, please sign and date where indicated and return this form to Council.

- I confirm that the information provided in this application is true and correct.
- I am seeking consideration due to financial hardship as shown in this application.
- I understand that Council may require supporting documentation for the information provided in this application
- I understand that Council may refuse this application.
- I understand that should this application be accepted that ongoing reviews may be required
- I understand that I may be required to engage the services of a registered financial counsellor should my circumstances not improve during the time that any assistance is provided.

Signature Of Applicant: _____

Date: ____/____/____

Privacy Statement

Mitchell Shire Council respects your privacy. The Council collects personal information in order to carry out its functions and powers as well as for statutory purposes pursuant to the Local Government Act 1989 or any other Act. Council will only use personal information to carry out its functions and powers and not for any other purpose. Information held by the Council may be given to others where there is a law specifically authorising that the information be provided. You have the right to access your personal information and you may correct any information held by the Council by notifying of the correction in writing.

DO YOU NEED HELP?

For advice on managing your money or assistance in dealing with financial hardship please contact **ASIC's MoneySmart** help line on **1800 007 007** (9.30am-4.30pm M-F) or visit their website at www.moneyhelp.org.au



ASIC
Australian Securities &
Investments Commission

ASIC's **MONEYSMART**
Financial guidance you can trust