

APPLICATION FOR CONSIDERATION DUE TO FINANCIAL HARDSHIP

In accordance with provisions contained in the Local Government Act 1989

CONFIDENTIAL

Att: Revenue Coordinator
 Mitchell Shire Council
 113 High Street
 BROADFORD VIC 3658

Council may request supporting documentation for information that is disclosed in this application.

APPLICANT DETAILS

Surname	
Given Names	
Postal Address	
Contact Phone	
Contact Email	

PROPERTY DETAILS

Property Address			
Property Number		Rates and Charges Balance Outstanding	\$

1. Is the property your primary place of residence? Yes No
2. Do you own any other property? Yes (please detail below)
 No (if no, continue to question 3)

Property Address	Council Authority	Council Valuation

3. Do you hold a current and valid Pensioner Concession Card (Centrelink) or Gold Card for TPI or War Widow (Veterans Affairs)?

Yes (Please complete question 4A)

No (Please complete question 4B)

4a. Pension Card Details

Card Number	
Name on Card	
Address on Card	
Expiry Date	

Council may request that you complete a pension concession application form and supply a copy of the card in order to apply a concession to your account if you do not already receive it.

Continue to question 5

4b. Details of Circumstances

Adult Residents living at the property	Surname	Given Name	Age
1			
2			
3			
4			

Number of children (16 years or under) residing at the property _____

Weekly Income	Adult 1	Adult 2	Adult 3	Adult 4
Wage/Salary				
Pension				
Family payment				
Rent / Board				
Child Maintenance				
Total				

4b. Continued.

Expense Amount/Month	Adult 1	Adult 2	Adult 3	Adult 4
Mortgage/Rent/Board				
Credit Card Repayments				
Other Loan Repayments				
Store Cards or Other Cards				
Child Care				
Bills (phone, gas, electricity, water, internet, TV)				
Insurance				
School fees				
Child Maintenance				
Living				
Total				

5a. To have this application considered, Council requires that you seek financial counselling. Attached to this form is a list of local and surrounding financial counselling services. Please attach to this application a supporting letter from the financial counsellor.

I have attached a supporting letter from a financial counsellor

5b. To have this application considered, Council requires that you supply an arrangement application. Attached to this form is the arrangement application form.

I have attached the completed arrangement form

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 form.

- > I understand that Council may refuse this application.

Signature of Applicant _____ Date _____

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.

Financial Counselling Services

SEYMOUR

Rural Financial Counselling (small business and agriculture) – 03 5735 4342
Dept of Sustainability and Environment, 15 Hume & Hovell Way, Seymour

Salvation Army – 03 5799 2241
Victoria Street, Seymour

Nexus Primary Health
Callen Street (Seymour Hospital), Seymour
– Call Primary Care Connect on 03 5823 3200 to schedule an appointment with Nexus

BROADFORD

Nexus Primary Health
72 Ferguson Street, Broadford
– Call Primary Care Connect on 03 5823 3200 to schedule an appointment with Nexus

WALLAN

Primary Care Connect – 03 5823 3200
7-11 High Street, Wallan

SURROUNDING AREA

Connections@Craigieburn – 03 9483 2401
59 Craigieburn Road, Craigieburn

Kildonan Uniting Care – 03 8401 0100
8 Papworth Crescent, Meadow Heights

MoneyHelp – 1800 007 007 (9.30am-4.30pm M-F) www.moneyhelp.org.au

Salvation Army – 1300 363 622

Repayment Arrangement of Rates and Charges

Property ID _____

Address of Property _____

Name/s _____

Postal Address (If different to the property address) _____

Phone No _____ Email _____

The outstanding balance of rates and charges for this property is \$ _____ , including further instalments for the current financial year.

I/we propose to pay the outstanding balance in instalments of: \$ _____

Weekly Fortnightly Monthly Other

The first payment will be made on or before ____/____/____

Reason for requiring arrangement or further information _____

Signed _____ Date _____

Authorised Officer _____ Date _____

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.