

HARDSHIP RATE RELIEF APPLICATION FORM

Purpose of this form. *This form is to be completed by ratepayers suffering financial hardship. The information provided by completing this form will enable the City of Albany to determine eligibility to receive an extension of time to pay the outstanding rates.*

Please answer all questions relevant to you using block letters and ticking appropriate boxes.

Application for Hardship Rate Relief for the whole or part of the year commencing 1 July _____

I, _____
 (Full Name in block letters)

of _____
 (Address)

apply for an extension on the basis of financial hardship.

Assessment Number: _____

Property Address: _____

1. Do you receive any pensions or benefits? Yes No

If Yes, please provide type of pension and amount received per fortnight.

Pension: _____ Amount

2. Do you have a current Pensioner Concession Card issued by the Commonwealth Government? Yes No

PCC No: _____ Date of Grant: _____

3. Have you claimed a pensioner concession on any other property this year? Yes No

If Yes, state the address of the other property _____

4. In this property your sole or principal place of living? Yes No

The property for which I am claiming has been my sole/principal place of living since _____

5. I am liable for the payment of rates and charges on this property, together with others as listed below. (If no others, write "SOLE OWNER")

Please provide details of all "other" persons indicated in Question 5. (ALL OWNERS other than the applicant should be listed, including your spouse)

Name	PCC Holder Yes/No	Pension No	Relationship to me (eg: spouse, father, sister)	Resident of Property Yes/No	% of ownership

6. What is the cause of financial hardship? _____

**** Please provide documents from a recognised welfare agency or financial counsellor to support this information.**

7. How long have you been experiencing hardship? _____

8. Are you currently able to make any payments towards your rates? _____

9. If yes, what sort of amount do you think you could manage? _____

10. If no, when do you expect to be able to start making payments? _____

Please attach a separate page with any other relevant information you feel may assist your application.

I hereby declare that the information provided is true and correct. If my financial circumstances improve, I undertake to immediately advise the City of Albany and modify any existing payment arrangement.

Signature: _____ Date: _____

Contact phone: _____

Email address: _____