

Hardship Rate Relief Application

Approved by the Director General of the Department of Local Government, in accordance with clause 135 of the *Local Government (General) Regulation 2021* under the *Local Government Act 1993*.

Application for Hardship Rate Relief for the whole or part of the year commencing 1 July 2024

Purpose of this form

This form is to be completed by ratepayers wishing to receive a concession on Council rates. Eligible ratepayers are entitled to receive up to:

- \$250 on ordinary rates and charges for domestic waste management services
- \$87.50 of their annual sewerage rates and charges.

Generally, the concessions are available to eligible pensioners, however concessions may be granted to ratepayers suffering financial hardship in certain circumstances.

The information provided by completing this form will enable Council to determine eligibility to receive a concession and the level of concession the ratepayer is entitled to.

Privacy and Personal Information Protection Act 1998

Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for a pensioner concession is required under the *Local Government Act 1993* and the *Local Government (General) Regulation 2021*.

This information is required before your application for a pensioner concession can be processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting Council.

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

I,
Full name in block letters

of
Address

telephone number apply for a concession on the basis of financial hardship.

1. Income (weekly unless otherwise stated)

Your average weekly income after tax from salary or wages	\$ _____
Social security benefits/pensions (include family payments etc)	\$ _____
All other income (eg self-employed income, interest, dividends, rent or trust distributions)	\$ _____
TOTAL	\$ _____

2. Employment Details

What is the name of your employer?

What is the address of your employer?
Suburb and Postcode

Is your salary or wage paid by your employer into an account in a bank or financial institution? Yes No



If you answered yes to the previous question, identify the institution, branch, BSB and account number.

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3. Property Owned by You

	Current Value
Home	Property Address \$
	Value of Equity, if any \$
Other Property	Property Address \$
	Value of Equity, if any \$
Funds in banks/ financial institutions, including funds held in off-set accounts	Institution, Branch, BSB and Account Number \$
	Institution, Branch, BSB and Account Number \$
Investments	Name and type of investment \$
Motor vehicle	Year Make \$ Model Registration No
Household contents	\$
Other personal property	Description and location \$
Total Value of Property Owned by You	\$

4. Liabilities

Average Weekly Expenses:

Item	Weekly Amount
Food	\$
Household supplies	\$
Mortgage/rent	\$
Gas	\$
Electricity	\$
Heating fuel	\$
Rates/levies	\$
Telephone	\$
Motor vehicle	\$
Petrol	\$
Maintenance	\$
Registration/insurance	\$
Medical/hospital funds	\$
Other insurance (specify)	\$
Fares	\$
Clothing and shoes	\$
- Entertainment/hobbies	\$
- Education/childcare expenses, including fees and levies	\$
- Medical/chemist/pharmaceutical	\$
Hire purchase payments	\$
Credit cards	\$
Other necessary commitments, including weekly payments on other liabilities, listed above (specify)	\$
Total Weekly Expenses	\$

Other liabilities:

Liabilities	Name of bank/institution	Total amount owed
Home mortgage		\$
Other loans		\$
Credit cards		\$
Credit cards		\$
Other liabilities (specify)		\$
Total		\$



Does anyone contribute to paying these liabilities (eg your spouse/partner)? Yes No

If yes, give the person's details:

Name of person

Amount of contribution per week

Do you have any dependants? Yes No

If yes, give details

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

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

Pension Amount

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

PCC No. Date of Grant

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

If Yes, state the address of the other property.

8. Is 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.

9. I am liable for the payment of rates and charges on this property, together with others as listed below. Yes No

If NO, state "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 Y/N	Pension No.	Date of Grant	Relationship (spouse, parent, co-owner etc.)	Resident of Property Y/N	Ownership %

Evidence of joint ownership is attached OR has been provided to Council previously.

10. Is the property owned as shares in a company title? Yes No

If you do not own or rent the property, please explain why you are liable to pay the rates.



11. Are there people living at the property other than those listed at Question 5? Yes No

12. Please indicate who these people are.

- Self Spouse Children (Ages)
- Relatives Boarder/s Other (specify)

13. I am liable for the payment of rates and charges on this property, together with others as listed below. Yes No

If NO, state "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 Y/N	Pension No.	Date of Grant	Relationship (spouse, parent, co-owner etc.)	Resident of Property Y/N	Ownership %

Evidence of joint ownership is attached OR has been provided to Council previously.

14. Is the property owned as shares in a company title? Yes No

If you do not own or rent the property, please explain why you are liable to pay the rates.

15. Are there people living at the property other than those listed at Question 5? Yes No

16. Please indicate who these people are.

- Self Spouse Children (Ages)
- Relatives Boarder/s Other (specify)

17. Do you own (either fully or partially) any other land or buildings? Yes No

If YES, list addresses

18. How many children do you support?

State ages

19. How long have you been experiencing hardship?



20. What is the cause of financial hardship?

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

Declaration

I/We hereby declare that the information provided is true and correct.

Note: If you make a false statement in an application, you may be guilty of an offence and fined up to \$2,200.

Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Customer Consent

For the sole purpose of authorising Council to confirm with Centrelink whether or not the details provided to Council match Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I,

Full name in block letters

authorise Hawkesbury City Council to confirm with Centrelink the following details:

- pension number
- name
- address
- postcode, and
- that I am a valid concessional card holder.

I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the council written notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by Hawkesbury City Council.

I acknowledge I have read and understood this Customer Consent record.

Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Office Use Only

Assessment No

Property Description (Lot/DP)



Recommendation

Reviewed by

Date

Rates and Revenue Coordinator

Date

Chief Financial Officer

Authorised by

Date

Chief Financial Officer

Date

General Manager

Privacy Notice

Council is bound by the provisions of the Privacy and Personal Information Protection Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained and may be available for public access and/or disclosure under various NSW Government legislation.