



PO Box 12 Telephone 03 6269 0000
47 Cole Street Fax 03 6269 0014
SORELL TAS 7172 sorell.council@sorell.tas.gov.au
ABN 12 690 767 695 www.sorell.tas.gov.au

## **Application for Financial Hardship Assistance**

If you are a Sorell Council ratepayer you may be eligible for hardship assistance in the payment of overdue rates and charges<sup>1</sup> where you are experiencing genuine and serious financial hardship.

Ratepayers and tenants are encouraged to apply for assistance as soon as possible<sup>2</sup>.

For further information, see Sorell Council Financial Hardship Assistance Policy.

### **Applicant Information**

(Please select at least one):

This application is to apply the following concession(s) on the basis of financial hardship

Postponing rate payments (extension of time)
Waiver of late payment penalties or interest for the period of financial hardship
Rates remission.

Remission of any rates is reserved only for the most serious and exceptional of financial hardship cases. Even in these cases, deferral of rate payments must be applied for and granted first, before an application for rates remission can be considered.

If you are applying for assistance for more than one property you must complete an application for each property, as the nature, type and ownership of each may differ.

<sup>1.</sup> This application applies only to Council rates and charges levied in accordance with Part 9 – Rates and Charges of the *Local Government Act 1993*.

<sup>2.</sup> Applications for assistance on residential investment properties will not be considered.

Name of the Property Owner(s):				
Name of Applicant:				
Please tell us why you are applying	g for hardship ass	sistance:		
Is this application being made as a	result of the COV	ID-19 Pandemic?	Yes 🗆	No 🗆
Are you the owner of the property	?		Yes 🗆	No 🗆
For what type of property are you a	applying?	Residential	Commercial	
For Residential property – is this pr	operty your prim	ary place of residence	e? Yes □	No 🗆
If your answer is No, please specify	the primary purp	oose of the residentia	l property belo	ow:

Page 2 of 8

APPLICATION FOR FINANCIAL HARDSHIP

Rateable Property Details (information as it appears on your rates notice):						
	ans (mormation as it appears on your rates notice).					
PID						
Street Address						
Address Line 2						
Suburb	Postcode					
Please provide details of how we can contact you:						
Name						
Phone number/s						
Email address						

# For Residential Property Applications ONLY:

To assist with the assessment process, please attach documentary evidence to assist us to review and assess your hardship application.

Ple	ase include one or more of the following:
Not	te: as much supporting documentation as possible should be provided.
	Evidence of you qualifying for Job Seeker support.
	Assessment by an independent accredited financial counsellor demonstrating an inability to
bot	th pay rates and to rearrange asset portfolios to facilitate payment.
	A statutory declaration from an independent professional, familiar with your circumstances.
	Notice of impending legal action.
	Employer notice of redundancy or termination of employment.
nec	Letter from charitable organisation regarding loss of employment or inability to provide for basic cessities.
	Accountant or bank statements and notices.
	Overdue medical bills.
	Letter from doctor verifying inability to earn an income due to illness or carer responsibilities.
	Funeral expenses.
	Final notice from school regarding payment of mandatory fees.
	Repossession notice of essential items, like a car or motorcycle.
□ des	Other documentation demonstrating that you are experiencing financial hardship (please scribe below):

## For Residential Property Applications – RATES REMISSION RELIEF OPTION ONLY

# **Current Weekly Income Details:** Pension or other government benefit (complete details below) \$ Compensation/Superannuation/Insurance or Retirement income \$ Spouse or partners income (if applicable) \$ Other income (rental income, child support) \$ Interest from banks and financial institutions \$ Total weekly income \$ Pension/Benefit details (if applicable): Type of Pension/Benefit **DVA or CRN Number** Date of Issue Expiry Do you have a current pensioner remission on your rates? Yes $\square$ No $\square$ **Current Weekly Expenses:** Mortgage(s) \$ Other loans/credit cards \$ Utilities \$ Insurance(s) \$ Other living expenses \$ Total weekly expenses \$

For Commercial Property Applications ONLY:		
Company Name:		
Who is currently paying rates for this property?		
Is the property a rental property?	Yes 🗆	No 🗆
Please attach documentary evidence to assist us to revi	•	r hardship application
Note: as much supporting documentation as possible should be a sho	ild be provided.	
☐ Evidence of your business qualifying for the JobKeeper as evidence of experiencing genuine financial hardship.	support package –	this alone will qualify
☐ Assessment by an independent accredited financial coboth pay rates and to rearrange asset portfolios to facilitate		ing an inability to
both pay rates and to rearrange asset portronos to racintal	e payment.	
$\square$ Accountant or bank statements and notices.		
☐ Details of closure - including Government enforced clo	sure as a requireme	nt of COVID-19.
☐ Tenant correspondence requesting relief (if applicable	).	
☐ Commercial and leasing arrangements as a direct resu	lt of the COVID-19 p	andemic;
☐ A statutory declaration from an independent profession	onal, familiar with yo	our circumstances.
$\square$ Notice of impending legal action.		
$\ \square$ Other documentation demonstrating that you are expe	eriencing financial ha	ardship (please
describe below):		

(compared to the same	period in the previous year	):	

#### **Submission and Assessment**

Please make sure your application and documentary evidence is addressed to the General Manager, and submitted as follows:

Emailed to <u>sorell.council@sorell.tas.gov.au</u>; or

Mailed to PO Box 126, SORELL TAS 7172

Please use the title 'Hardship Assistance Application' to assist our staff to identify your application quickly. We will be in contact with you as soon as possible to acknowledge your application and provide advice regarding the assessment process. If you have any enquiries or need assistance completing your application, please contact the Rates Division of the Finance Department on 6269 0000.

### **Declaration and signature**

I confirm that the information provided within this Application for Financial Hardship is accurate, and there have been no misrepresentations or omissions of fact that would otherwise influence the review and decision of Sorell Council. I have read and understand Sorell Council's Financial Hardship Assistance Policy.

Signature			
Name			
Date		 	

### **Personal Information Protection Statement**

The personal information that Council is collecting from you is deemed personal information for the purposes of the *Personal Information Protection Act 2004*. The supply of the information by you is voluntary. However, if you cannot provide or do not wish to provide the information sought, Council may be unable to process your application or request.

You may make application for access or amendment to your personal information held by the Council. Enquiries concerning this matter can be addressed to the Rates Division of the Finance Department.