

Financial Hardship Application Form

Applications are to be made on an annual basis and only valid for that respective financial year. Applications are to be received by 31 October each year.

By completing this form, it is understood that all owners agree to the below information.

Applicant Information

Owner 1

Name in full			
Residential Address:			
Email:		Phone:	

Owner 2

Name in full			
Residential Address:			
Email:		Phone:	

Owner 3

Name in full			
Residential Address:			
Email:		Phone:	

Property 1 Details

Assessment number:		Is this a rental property? Please circle.	Yes/No
Property Address:		Postcode	

Amount outstanding (as per rate notice)	\$
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Property 2 Details

Assessment number:		Is this a rental property? Please circle.	Yes/No
Property Address:		Postcode	
Amount outstanding (as per rate notice)	\$		

Property 3 Details

Assessment number:		Is this a rental property? Please circle.	Yes/No
Property Address:		Postcode	
Amount outstanding (as per rate notice)	\$		

Do you own property in another Council? Yes No

If **yes**, please provide details in the same format as the above Property Details section. This will need to be an attachment to your application.

Supporting documentation

This application must be accompanied with evidence of loss or significant reduction of employment/income:

- A statement of your current financial position from a financial advisor, or
- A letter or email from your employer on branded letterhead advising that you have either been stood down or made redundant. This will need to include that your work hours have been reduced from _____ hours per week to approximately _____ hours per week since _____
- If you are self-employed or a business, a copy of your Business Activity Statements showing same time last financial year compared to same time this financial year.
- Current unemployment or under-employment for an extended period of time (minimum of 3 consecutive months)
- Other: _____

By providing this document/s, the Applicant/s authorise the City of Belmont to reproduce this document for internal purposes only.

Due to sensitive information being requested regarding your account details, if approved for a Direct Debit, you will need to complete the relevant application on our website at www.belmont.wa.gov.au/rates or at the City's Civic Centre (215 Wright Street, Cloverdale).

Sign Off

I/we acknowledge and agree to the following:

- The information provided is true and correct.
- A Rates team member from City of Belmont may contact me regarding the application if required prior to it being finalised.
- I am obliged to inform the City of Belmont in writing of any changes in my circumstances that would no longer warrant consideration of Financial Hardship.
- Agree that by giving the City personal information I consent to it being kept, stored in accordance with the *Privacy Act 1988*. If I have given someone else's personal information, I confirm that I have obtained their consent.

Owner 1

First name:		Last name:	
Signature:		Date	

Owner 2

First name:		Last name:	
Signature:		Date	

Owner 3

First name:		Last name:	
Signature:		Date	

Privacy: The personal information collected on this Form will only be used by the City of Belmont for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.

If you have not considered it yet, the following agencies that may be beneficial to you for help:

- [Jacaranda Community Centre](#) - 9477 4346
- [Mission Australia](#) - 9225 0400
- [Uniting Care West](#) - 9220 1255
- [National Debt Helpline](#) - 1800 007 007
- [Services Australia](#) - 132 850