

# Financial Hardship Application

**This application is only valid for the financial year in which it is made.**

Once you have read the Financial Hardship Policy below and believe you meet the requirements, you may complete an application.

The City may consider financial hardship relief using the information you provide at the time of application. As each ratepayer's situation is different, you may be asked to supply information unique to you to maximise our understanding of your situation. This will allow the City to confirm that you meet the requirements of the Council Policy so that we can offer you some assistance.

**If you have any queries, please contact the City's Rates team on 9477 7222 prior to completing the application.**

## Submitting an Application

Applications with supporting documents can be submitted in the following ways:

- Online: [www.belmont.wa.gov.au/rates](http://www.belmont.wa.gov.au/rates)
- Email: [rates@belmont.wa.gov.au](mailto:rates@belmont.wa.gov.au)
- In person: City of Belmont, 215 Wright Street, Cloverdale WA
- Post: City of Belmont, Locked Bag 379, CLOVERDALE WA 6985

The City will respond to your application within 10 working days.

All information received will be treated confidentially and will be used only for this application process.

If your application is approved all payments are required to be set up using the City's Direct debit process. Payments are accepted on Fridays only - weekly, fortnightly, or monthly. (If monthly please chose the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> or last Friday of the month depending on your pay cycle.)

# Financial Hardship Application Form

By completing this form it is understood that all property owners agree to the information provided.

## Applicant Information

### Property Details

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

\*\*\* Please note that the Financial Hardship application is for owner/occupiers only. If you have circled yes, please go no further on this application. You may like to complete an alternative arrangement application online at [www.belmont.wa.gov.au/rates](http://www.belmont.wa.gov.au/rates) or complete an application at the City Civic Centre.

### 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:	

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.

**Provide the reason/s why you are applying for financial hardship relief (please refer to the City's Hardship Policy). Please attach a separate page if more space is required .**

# Financial Hardship Application Form

## Supporting documentation

The more information you can provide will enable the City to have a better understanding of your current situation.

This application must be accompanied by appropriate evidence that meets City requirements of financial hardship:

- A statement of your current financial position from a financial advisor or other qualified person (accountant, auditor, bank manager); or
- Proof of Centrelink payments for at least three consecutive months for individuals; or
- Copy of Business Activity Statements submitted to the Australian Tax Office that show a loss of income of at least 50% over a quarter year for businesses; or
- Other: \_\_\_\_\_

If your application is approved, you will need to complete the relevant direct debit application on our website at [www.belmont.wa.gov.au/rates](http://www.belmont.wa.gov.au/rates) or at the City's Civic Centre (215 Wright Street, Cloverdale).

You will need to put a comment in the application regarding it being an Approved Financial Hardship application so you will not need to provide supporting documents again.

## Declaration

I/we acknowledge and agree to the following:

- The information provided is true and correct.

# Financial Hardship Application Form

- A rates team member from City of Belmont may contact me regarding the application if there are any queries.
- I am obliged to inform the City of Belmont in writing of any changes in my circumstances that may affect my financial hardship payment arrangements.
- I consent to my personal information being stored by the City in accordance with the *Privacy Act 1988*.
- If I have given someone else's personal information, I confirm that I have obtained their consent.
- I understand that any documents provided will be used by the City for internal purposes only.

Owner 1			
Name in full:			
Signature:		Date	/ /20

Owner 2			
Name in full:			
Signature:		Date	/ /20

Owner 3			
Name in full:			
Signature:		Date	/ /20

**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.

The following agencies may be able to provide assistance with your financial situation:

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