



Financial Difficulties Application

Assistance for ratepayers experiencing financial stress

Ratepayers Name/s

Property Address

Postal address
(if different from above)

Email

Telephone Hm

Mob

Work

Assessment number A
(from your rates notice)

Is this your principle place of residence?

Yes

No – Please provide details

Do you hold a Government Concession Card?

Pension card

Healthcare Card

Other – Please provide details

I do not hold a Government Concession card

Are you currently employed?

Full Time employed

Part Time employed

Casual

Unemployed

Other – Please provide details

What type of assistance are you seeking from Council (more than one can be selected)?

Payment arrangement

Defer payment

Other – Please provide details

Fines/interest waiver

Please provide details of proposed payment arrangement/deferral or other terms and a commencement date

Council will consider your application on the basis of "Financial Difficulties", "Compassionate Grounds" or any other unexpected event that may have occurred eg hospitalisation

Have you contacted the Financial Counselling Helpline ph: 1800 007 007 or any other service for advice and/or assistance?

- Yes
- No

If yes, please provide details or documentation supporting your request.

If required, do you give permission for Council to contact your financial counsellor to negotiate a suitable payment arrangement and to discuss your circumstances?

- Yes
- No

To help us review your application, please outline your reasons below for such a request eg. Job loss etc.

Upon review of this request, Council will contact the applicant

Privacy Collection Notice

The personal information requested on this form is being collected by the Wakefield Regional Council for the purpose(s) of assessing individual financial difficulties and assistance. It will not be disclosed to any external party without your consent. You may apply to alter any of the personal information you have provided to the Wakefield Regional Council

By submitting this application, you are declaring that the above information is true and correct.

Signature _____

Date

OFFICE USE ONLY

REVIEWED BY:

Date:

APPROVED BY:

Date: