

ABOUT THIS FORM

This form is to be completed by Ratepayers who are presently suffering financial hardship and wish to receive consideration with regards to the payment of their Land Rates. The information provided by completing this form will enable Council to determine the eligibility for financial hardship support under Maitland City Council's Hardship Policy.

HOW TO COMPLETE THIS FORM

1. Please note that all fields on this form are mandatory and must be completed before submitting the application.
2. Once completed you can submit this form electronically, by mail, or in person. Please refer to the lodgement details section for further information.
3. Ensure you include all supporting documentation to support your claim.

PART 1: YOUR INFORMATION

Assessment:		Email:	
Full name:			
Address:			
Suburb:		Postcode:	
		Phone number:	
1. Do you receive any pensions or benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of Pension:
2. Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this work:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Other
If yes, please provide details of employer (name, address, phone number etc):			

3. List all other people living at the property:

4. Do you receive any rent or board from any resident at this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much do you receive?	\$	per week / fortnight / month
5. How long have you been experiencing hardship?		

6. What is the cause of this hardship?

- | | |
|--|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Pensioner |
| <input type="checkbox"/> Relationship breakdown | <input type="checkbox"/> Financial over commitment |
| <input type="checkbox"/> Death of an immediate family member | |
| <input type="checkbox"/> Other: (please specify) | |

PART 2: FINANCIAL STATEMENT

WEEKLY INCOME

YOU		YOUR PARTNER	
Net wage/ salary (after tax)	\$	Net wage/ salary (after tax)	\$
Centrelink benefit	\$	Centrelink benefit	\$
Family Tax A or B	\$	Family Tax A or B	\$
Other income	\$	Other income	\$

WEEKLY EXPENSES

Mortgage	\$	Health Fund Contributions	\$
Rent	\$	School Expenses	\$
Personal or Car Loan	\$	Hobbies and Sports	\$
Credit Cards or Other Debt	\$	Pets	\$
Food	\$	Entertainment	\$
Electricity/Gas/Water	\$	Holidays	\$
Telephone/Internet	\$	Alcohol / Cigarettes	\$
TV Subscriptions (Foxtel, Netflix etc)	\$	Gambling	\$
Motor Vehicle Running Costs	\$	Other (specify):	\$
Insurance	\$		

ASSETS (WHAT YOU OWN)	MARKET VALUE		MARKET VALUE
House & Land (primary residence)	\$	Boat - Make/Model:	\$
Other Real Estate - Address:	\$	Motorbikes - Make/Model:	\$
Motor Vehicle - Make/Model:	\$	Caravan/Trailer - Make/Model:	\$
2nd Motor Vehicle - Make/Model:	\$	Shares or Investments - Details:	\$
Household Furniture / Electrical Goods	\$	Other Assets (specify)	\$
LIABILITIES (WHAT YOU OWE)	BALANCE		BALANCE
Mortgage/ home loan - Lender:	\$	Child support	\$
Car loan – Lender:	\$	HECS debt	\$
Personal / other loan Lender:	\$	Payment plans with other utilities details	\$
Credit cards (total)	\$	Loans to family and friends	\$
Store cards/Afterpay/Zipay etc (total)	\$	Other debts (please specify):	\$
Centrelink Loan	\$		



PART 3: REPAYMENT PROPOSAL

In order for Council to approve financial hardship support, a suitable payment proposal must be in place.

Are you able to make an immediate lump sum payment? Yes No If yes, how much?

Please indicate your proposed repayment amount: \$

How often will you make your payments:

Weekly Fortnightly Monthly

When can you start making your payments:

Please note, this repayment proposal is not yet accepted by Council and is pending the assessment of this application.

PART 4: DECLARATION

1. I hereby declare that the information provided is true and correct at the time of completing this form.
2. I agree to notify Council if my financial circumstances as outlined in this form change.

.....
(print full name)

.....
(signature)

.....
(date)

INFORMATION FOR APPLICANTS

Council will ONLY accept this application if all fields are completed correctly and required information is provided.

Any additional information or documentation that you may have that supports your Financial Hardship Application should be included in order for Council Officers to make an accurate and fair assessment.

Council Officers may contact you to request additional information or to request a meeting to discuss this application in more detail.

You will receive a formal response from Council once your application has been assessed. Please allow 14 days for processing.

- I have completed:
- Part 1: Your information
 - Part 2: Financial Statement
 - Part 3: Payment Proposal
 - Part 4: Declaration
 - Attached supporting documents (required: payslip or Centrelink statement)

LODGEMENT VIA

Post	Maitland City Council, PO Box 220, Maitland NSW 2320
Email	debtrecovery@maitland.nsw.gov.au
In person	Council's Administration Building, 285 – 287 High Street, Maitland

