Confidential

Hardship Rate Relief Application



In accordance with the Local Government Act 1993, and Council's adopted Policy and Procedures, Council may allow rate reductions in some cases of financial hardship.

allow rate reductions in come cases of infaritating.						
1. Applicant (Property Owner or Part-C	Owner)					
Name – Applicant 1						
Postal Address						
Town/Locality	State	Postcode				
Telephone	Email					
Name – Applicant 2						
Postal Address						
	Ctata	Doctordo				
Town/Locality	State	Postcode				
Telephone	Email					
2. Site Details (from Rates Notice)						
Assessment No						
Lot	Section	DP				
Street/Rural Address No	Street/Road Name					
Town/Locality	State	Postcode				
The property has been my sole/principal place	of residence since	/				
3. Application						
This application is for hardship rate relief for the whole or part of the year commencing / /						
What is the cause of financial hardship (eg: unemployment, illness, etc)						
How long have you been experiencing hardship	2					
What is the expected duration of the hardship?						
what is the expected duration of the hardship:						

4. Weekly Income and Expenditure					
Pension/Allowance Information	Applicant 1	Applicant 2			
Do you have a current Pensioner Concession Card?					
If yes, type of pension or benefit?					
If yes, PCC Number (attach copy)					

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NET WEEKLY INCOME received in dollars from all sources (attach copies of relevant documentation)	\$ \$
Wages (full-time, part-time, casual)	
Pensions and benefits	
Compensation, superannuation, retirement benefits	
Family Allowance	
Interest (banks, credit unions, building societies, etc)	
Income of other residents of the property	
Spouse's income (if not party to this application)	
Other income -	
SAVINGS – total savings held in a financial institution	
TOTAL INCOME & SAVINGS	
WEEKLY EXPENDITURE Details of weekly outgoings (attach copies of relevant documentation)	\$ \$
Rent	
Mortgage	
Loans	
Credit Cards	
Groceries	
Electricity	
Gas	
Medical	
Childcare	
Telephone	
School Fees	
Other expenditure -	
Other expenditure -	
Other expenditure -	
TOTAL EXPENDITURE	
INCOME - EXPENDITURE NET INCOME / (DEFICIT)	\$ \$

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5. Proposed Repayment Frequency						
Indicate preferred repayment frequency	☐ Weekly ☐ Mor		nthly			
6. Declaration						
I do solemnly and sincerely declare that the information provided by me in this application is true and correct.	Applicant 1		Applicant 2			
Signature						
Date						
7. Checklist for Applicants						
I have completed and attached required information to allow my	Applicant 1		Applicant 2			
application to be processed.	Attached	Completed	Attached	Completed		
1. Applicant						
2. Site Details						
3. Application						
4. Income and Expenditure						
Pensioner/Concession Cards						
Bank Statements						
Payslips						
Expenditure						
Income less Expenditure Amount						
5. Payment Frequency						
6. Declaration						
8. Office Use Only						
MagiQ #	Assessed b	у	Date			
Rates \$	Water \$		Sundry Debtors \$			
Finance Manager Signature	Approved □		Not approved □			
DGMCC Signature	Approved □		Not approved □			
General Manager Signature	Approved		Not approved □			
Narrandera Shire Council, 141 East Street NARRANDERA NSW 2700 Phone 02 6959 5510 council@narrandera.nsw.gov.au						

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