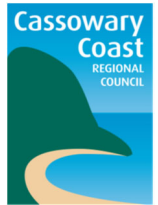


Cassowary Coast Regional Council

A.B.N. 20 889 787 211
PO Box 887, INNISFAIL, Q 4860
Phone: 1300 763 903 Fax: 07 4061 4258
Email: enquiries@cassowarycoast.qld.gov.au



FINANCIAL HARDSHIP APPLICATION

Please use BLOCK LETTERS and complete all details in full.

Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.

Mandatory Documentation to be supplied at time of application:

- The assessment criteria for hardship consideration will be, but not limited to, the following:
- Completed and signed "Application for Financial Hardship" form;
 - Copy of most recent pay advice, or government benefit advice;
 - Copy of most recent mortgage statement;
 - Copy of most recent credit statements (other than the mortgage statement) e.g. credit card(s), personal loan(s);
 - Copy of most recent bank statements for all accounts;
 - Medical practitioner or health professional letter (if applicable); and
 - Any other supporting documentation relevant in supporting the application.

Section 1 – Contact details

Postal Address:				
Suburb:		State:		Postcode:
Home Phone:		Mobile:		
Work Phone:		Email:		

Section 2 – Applicant details (if more than 2 applicants, please complete and attach an additional form)

Applicant 1		Applicant 2	
Given Names:		Given Names:	
Surname:		Surname:	
Date of Birth:		Date of Birth:	
Number of dependants & ages:		Number of dependants & ages:	

Section 3 - Property details

Property ID:		Legal Description:	Lot no:	Plan No:
Property Address:		Have you applied for Financial Hardship in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this your principal place of residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this your principal place of business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this property currently for sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who is the property listed with?		
Are you a pensioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, type of pension:		
Pensioners only:	If this is your principal place of residence, have you applied for the Council and State Government Pensioner Rates Subsidy concession? (if you are currently in receipt of this, it will be shown on your current Rate Notice)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Financial information

Assets:	Please list all assets below		
Car(s) / Motorcycle(s):	Make and model: Make and model: Make and model:	Year: Year: Year:	Market Value: \$ Market Value: \$ Market Value: \$
Boat(s):	Make and model: Make and model:	Year: Year:	Market Value: \$ Market Value: \$
Other, Please Detail (Eg: CVan, jet ski etc.):			

Living Expenses		General Expenses	
Food / Toiletries:	\$ per fortnight	Mortgage Repayments:	\$ per fortnight
Electricity / Gas:	\$ per fortnight	Personal Loan Repayments:	\$ per fortnight
Mobile Phone:	\$ per fortnight	Vehicle Loan Repayments:	\$ per fortnight
Internet / Home Phone:	\$ per fortnight	Credit Cards:	\$ per fortnight
Child Support:	\$ per fortnight	School/ University Fees:	\$ per fortnight
Other:	\$ per fortnight	Other:	\$ per fortnight
Please Detail:		Please Detail:	
Sub-total:	\$ per fortnight	Sub-total:	\$ per fortnight

Insurances		Affordability Table	
Car / Boat / Motorcycle:	\$ per fortnight	A - Total Income: Show household combined income total (after tax) including support payments and government allowances (evidence of income must be provided).	\$ per fortnight
House and Contents:	\$ per fortnight	B - Total Expenses: (Add 3 x Sub-totals)	\$ per fortnight
Life:	\$ per fortnight	C – Disposable income A – B = C <i>If C is less than the amount you are proposing to pay, your application may not be approved.</i>	\$ per fortnight
Health:	\$ per fortnight		
Other:	\$ per fortnight		
Please Detail:			
Sub-total:	\$ per fortnight		

Section 5 – Your Proposal

Full payments of rates would cause financial hardship within the next twelve (12) months: Yes ☐ No ☐

Supporting Documents have been provided, as listed on page 1 of this form, to support my proposal: Yes ☐ No ☐

IMPORTANT NOTE: This application will not be accepted without providing the required supporting documentation

I hereby make application to pay outstanding rates on my property by way of:

\$_____ per fortnight

Section 6- Authorisation

I / We certify that to the best of my / our knowledge and belief, the information set out in this application is true. I / We acknowledge the receipt by the Cassowary Coast Regional Council of this application in no way implies that the Council granted an approved payment agreement. I / We acknowledge that we have read the Financial Assistance Information sheet provided.

Applicant 1:		Date:	
Applicant 2:		Date:	

Financial Assistance Information Sheet



Queensland Government – Financial Assistance <https://www.qld.gov.au/community/losing-your-job-income/financial-assistance/> Telephone: 13 74 68



<https://www.lifeline.org.au/get-help/information-and-support/financial-stress/> Telephone: 13 11 14



<https://salvos.org.au/need-help/financial-assistance/> Telephone: 13 72 58



<https://moneysmart.gov.au/>



Queensland Government - Mortgage Relief Loan

<https://www.qld.gov.au/housing/buying-owning-home/mortgage-relief-loan/>



Australian Financial Security Authority

<https://www.afsa.gov.au/insolvency/i-cant-pay-my-debts/get-help-debt-decisions>



<https://www.financialcounsellingaustralia.org.au/> Telephone: 0402 923 750



<https://ndh.org.au/> Telephone: 1800 007 007