

**PO Box 887** 

## **CASSOWARY COAST REGIONAL COUNCIL**

**INNISFAIL QLD 4860** Ph: 1300 763 903

Email: enquiries@cassowarycoast.qld.gov.au

## FINANCIAL HARDSHIP APPLICATION

Mandatory Documentation to

The assessment criteria for hardship consideration will be, but not limited to, the following:

Completed and signed "Application for Financial Hardship" form;

be supplied at time of application:	<ul> <li>b) Copy of most recent pay advice, or government benefit advice;</li> <li>c) Copy of most recent mortgage statement;</li> <li>d) Copy of most recent credit statements (other than the mortgage statement) e.g. credit card(s), personal loan(s);</li> <li>e) Copy of most recent bank statements for all accounts;</li> <li>f) Medical practitioner or health professional letter (if applicable); and</li> <li>g) Any other supporting documentation relevant in supporting the application.</li> </ul>				
Section 1 – Con	3, , 11 3	tion relevant in supporting	ше аррисацоп.		
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 No D		
Is this your principal place of residence?	Yes No	Is this your principal place of business?	Yes No		
Is this property currently for sale?	Yes No	Who is the property listed with?			
Are you a pensioner?	Yes No	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  No				
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	Α	ffordability 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				
Health:	\$ per fortnight				
Other:	\$ per fortnight	C – Disposable income  A – B = C  If C is less than the amount	\$ per fortnight		
Please Detail:		you are proposing to pay, your application may not be approved.	per forting it		
Sub-total:	\$ per fortnight				
Section 5 – Your Proposal					
Full payments of rates would cause financial hardship within the next twelve (12) months:					
Supporting Documents have been provided, as listed on page 1 of this form, to support my proposal:  Yes No  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- Author	orisation				
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	e:		
Applicant 2:		Date			
	The Cassowary Coast Regional Council respects		ation on this form is collected in accordance with		

**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.

FINANCIAL ASSITANCE INFORMATION FACT SHEET				
Queensland Government	Queensland Government – Financial Assistance <a href="https://www.qld.gov.au/community/losing-your-job-income/financial-assistance">https://www.qld.gov.au/community/losing-your-job-income/financial-assistance</a>			
Queensland Government	Telephone: 13 74 68  Queensland Government – Mortgage Relief Loan <a href="https://www.qld.gov.au/housing/buying-owning-home/financial-help-concessions/mortgage-relief-loan">https://www.qld.gov.au/housing/buying-owning-home/financial-help-concessions/mortgage-relief-loan</a>			
Australian Government  Australian Financial Security Authority	Telephone: 1300 654 322  Australian Financial Security Authority <a href="https://www.afsa.gov.au/i-cant-pay-my-debts/support-services/where-find-help-managing-debts">https://www.afsa.gov.au/i-cant-pay-my-debts/support-services/where-find-help-managing-debts</a>			
M@NEY SMART	Money Smart <a href="https://moneysmart.gov.au/">https://moneysmart.gov.au/</a>			
© Lifeline Saving Crisis Support. Suicide Prevention.	Lifeline – Financial Stress <a href="https://www.lifeline.org.au/get-help/information-and-support/financial-stress/">https://www.lifeline.org.au/get-help/information-and-support/financial-stress/</a> Telephone: 13 11 14			
THE SALVATION SALVATION	The Salvation Army – Financial Assistance <a href="https://salvos.org.au/need-help/financial-assistance/">https://salvos.org.au/need-help/financial-assistance/</a> Telephone: 13 72 58			
financial counselling australia	Financial Counselling Australia <a href="https://www.financialcounsellingaustralia.org.au/">https://www.financialcounsellingaustralia.org.au/</a>			
NATIONAL DEBT HELPLINE 1800 007 007	National Debt Helpline <a href="https://ndh.org.au/">https://ndh.org.au/</a> Telephone: 1800 007 007			

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