



LODGEMENT OF APPLICATION

Monday-Friday, 8:00am-4:30pm
Council: **Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144
Merrylands Service Centre - 16 Memorial Avenue, Merrylands NSW 2160
Mail: The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160
Email: council@cumberland.nsw.gov.au

This Application is to be completed by Ratepayers who are currently suffering financial hardship. Please ensure that all fields are completed. The information and supporting documents will enable Council to determine eligibility for financial hardship support.

Owner Details

Rates Reference No:	
Full Name:	
Property Address:	
Postal Address:	
Phone No:	
Email Address:	

Application Details

This application is for hardship rate relief for the whole or part of the year commencing 1st July 20

Is this your sole/principal place of living? Yes No

If yes, when did you move into the property?

How long have you been experiencing hardship?

What is the cause of the financial hardship?

Company Ownership

Is the property owned by a Company? Yes No

If yes, please list the names of the Company Directors:

People Living at the Property					
Spouse:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Children:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, how many children?	<input type="text"/>		State Ages:	<input type="text"/>	<input type="text"/>
Boarders:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Relatives:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Other:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is yes, please specify: <input style="width: 150px;" type="text"/>

Income	
Source of Income	Net Amount \$ Per Week
Wages – Specify Casual / Full-time / Part-time	
Pensions and benefits	
Compensation, superannuation, insurance, or retirement benefits	
Spouse or Partner's Income	
Income of other residents of the property	
Centrelink allowances	
Interest from Banks, Credit Unions, Building Societies	
Income from Rental Properties	
Income from Business	
TOTAL INCOME:	\$
Please provide a copy of current pay advice	

Expenses		
Outgoings	Payable To	Amount \$ Per Week
Rent		
Home Loan		
Other Mortgages		
Personal Loan		
Other Loan		
Credit Cards		
Gas		
Electricity		
Phone		
Water Rates		
Council Rates		
Child Support		
Health Costs / Insurance		
School Fees		
Groceries		
Other Outgoings		
TOTAL EXPENSES:		\$

Other Assets	
Please list details of other property addresses (either fully or partially owned), vehicles, boats, etc?	

Savings		
Please provide details of Bank, Credit Union or Building Society Account held by you		
Bank	Account Name	Account Balance \$

****Please provide your latest bank statement for all accounts listed above****

Payment Proposal				
Please provide a payment proposal that, if approved, will be your commitment to make payments towards your rates debt.				
Proposed Payment Amount:	\$ <input type="text"/>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
Commencement Date:	<input type="text"/>			

Declaration	
By submitting this form, you declare that the information provided is true and correct and that you are the person making this application. If you make a false statement in an application, you may be guilty of an offence and fined up to \$2,200	
Signature:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Privacy and Personal Information Protection Act 1998
Compliance with Section 10
The information contained in this application form and any information requested for the purpose of assessing eligibility for a financial hardship support is required under the <i>Local Government Act 1993</i> and the <i>Local Government (Rates and Charges) Regulation 2005</i> . This information is required before your application for a financial hardship support can be processed. The information is private and confidential and council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.
If you have a complaint about the use of your personal information, contact the council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.

Additional Information for Pensioners

1. Do you receive any pensions or benefits (PCC) issued by the Commonwealth Government ?
 Yes No

If yes, please complete the below table and attach a copy of your Pensioner Concession Card (front and back)

PCC No. (Customer Reference No.)	PCC Type (Age, Disability, War Widows, etc)	Date of Grant

2. Have you claimed a Pension Concession on any other property this year in any other local government area?
 Yes No

If yes, state the address of the other property:

3. I am;
 Sole Owner

OR
 Liable for the payment of rates and changes on this property, together with others as listed below.

ALL OTHER OWNERS including your spouse or de-facto partner should be listed below:

Name	PCC Holder (Y/N)	Pensioner Concession No.	Date of Grant	Relationship to Me (e.g Spouse, Father, Co- owner, etc)	Resident of Property (Y/N)	% of Ownership

****For Life Tenants occupying the property, supporting legal documentation must be provided to Council****

PLEASE ATTACH A COPY OF PENSIONER CONCESSION CARD (FRONT AND BACK)

Additional Rates Rebates

Eligible pensioners can now apply to receive a further \$75, in addition to the \$25 voluntary rebate totalling up to \$100 per year.
 To qualify you must have owned and lived in a property within the Cumberland area for five (5) or more continuous financial years and qualify for the mandatory rebate.

Have you owned and lived in a property within the Cumberland City Council Local Government Area for five (5) or more continuous financial years? Yes No

Signature:	<input style="width: 380px;" type="text"/>	Date:	<input style="width: 220px;" type="text"/>
Signature:	<input style="width: 380px;" type="text"/>	Date:	<input style="width: 220px;" type="text"/>

Consent

The information provided on this form is private and confidential and Cumberland City Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected. If you have a complaint about the use of your personal information, contact Cumberland City Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting Council.

Please read the conditions below and sign to confirm your consent to Cumberland City Council checking your concession eligibility with Services Australia or the Department of Veterans' Affairs. Your details may be checked regularly, to confirm ongoing eligibility. At any time, you have right to withdraw your consent by contacting Council.

I/We (full name) authorise:

- Cumberland City Council to use Services Australia Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or DVA customer details and concession card status to enable Council to determine if I qualify for rebate.
- Services Australia will provide the results of that enquiry to Council.

I/We understand that:

- Confirmation eServices will disclose personal information to Cumberland City Council including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for a rebate.
- This consent, once signed, remains valid while I am a customer of Cumberland City Council unless I withdraw it by contacting Council or the department. I can get proof of my circumstances/details from Services Australia/Department of Veteran Affairs and provide it to Council so my eligibility for a rebate can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the rebate provided by Council.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>