



Approved by the Director General of the Department of Local Government, in accordance with Clause 19 of the Local Government (Rates & Charges) Regulation 1999 under the Local Government Act, 1993.

APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 2022

Please answer all questions relevant to you using block letters and ticking appropriate boxes.

Reference No. _____ (please refer to the council rates and charges notice)

I /We, _____ (Full name/company in block letters)

of _____ (Address)

Telephone number _____ apply for a concession on the basis of financial hardship.

(1) Do you receive any pensions or benefits? [] Yes [] No

If Yes, please provide type of pension and amount received per week for example: Age, Disability, War Widow

Pension: _____ Amount _____

(2) Do you have a Pensioner Concession Card issued by the Commonwealth Government to NSW residents? [] Yes [] No

IF YES PLEASE CHECK WITH COUNCIL THAT THIS IS THE CORRECT FORM BEFORE CONTINUING.

(3) Is this property your sole or principal place of living? [] Yes [] No

(4) Do you rent the property? [] Yes [] No

(5) Do you own the property a) by yourself [] Yes [] No
b) with a spouse [] Yes [] No
c) with other person/s [] Yes [] No

If you answered yes to b) or c), please provide name/s and Pensioner Concession Card Numbers of other owner/s and the % owned by each person.

Name	Pensioner Concession Card No.	% Owned

(6) Is this property owned as shares in a company title? Yes No

(7) If applicable, how many people live at the property? _____

(8) Please indicate who these people are?

- Self
- Spouse
- Children (State ages _____)
- Boarders
- Relatives
- Others (please specify)

(9) Do you own (either fully or partially) any other land or buildings? Yes No

If yes, list addresses.

(10) How many children do you support? _____ State ages _____

(11) What is the cause of the financial hardship? _____

(If this space is insufficient to explain your circumstances, please attach an additional page)

(12) How long have you been experiencing hardship? _____

(13) Please state gross weekly amount received in dollars and cents from the following sources of income:

- a) Pension and benefits \$ _____
- b) Compensation, superannuation insurance or retirement benefits \$ _____
- c) Spouse's income \$ _____
- d) Income of other residents of the property \$ _____
- e) Casual/part-time employment \$ _____
- f) Family allowance \$ _____
- g) Interest from banks/credit unions/building societies \$ _____
- h) Income from business \$ _____

(14) Please provide name and current balance of all bank credit union or building society accounts held by you.

15) Please state details of weekly outgoings.

Outgoing	Owed to	Amount \$
Rent/Home Loan		
Other Mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		
Other		

Please attach a separate page with any other relevant information you feel may assist your application.

I hereby declare that the information provided is true and correct. **If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.**

Signature 1: _____

Date: _____

Signature 2: _____

Date: _____

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 pensioner concession is required under the Local Government Act 1993 and the Local Government (Rates and Charges) Regulation 2005. This information is required before your application for a pensioner concession 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.

Applicant Consent

If applicable, this consent will be used for the sole purpose of authorising Centrelink to provide information to Cumberland City Council, to access your eligibility in relation to concessions or services provided by Council.

Applicant Confirmation

I/We, _____(full name) authorise Centrelink to confirm with Cumberland City Council the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to the Council with Centrelink or Department of Veterans' Affairs (DVA) records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

I understand that this consent, once signed, is effective only for the period I am a customer of Cumberland City Council.

I also understand that this consent, which is ongoing, can be revoked any time by giving notice to Cumberland City Council.

I understand that if I withdraw my consent, I may not be eligible for the concession provided by Cumberland City Council.

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or on Centrelink's website at www.centrelink.gov.au.

I agree that, unless I revoke my consent in writing, this Customer Consent record is a permanent consent, and may be relied on by the Council until such time as I revoke it.

I acknowledge I have read and understood this Customer Consent record.

Signature1: _____ Date: _____

Signature2: _____ Date: _____

Cumberland City Council

T 8757 9000 W cumberland.nsw.gov.au E council@cumberland.nsw.gov.au

Monday-Friday 8:00am-4:30pm

Service Centres: 1 Susan Street, Auburn NSW 2144 or
16 Memorial Avenue, PO Box 42, Merrylands NSW 2160