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| **APPLICANT DETAILS** |

|  |  |
| --- | --- |
| Registered Property Owner(s): |  |

|  |  |
| --- | --- |
| Property Owner(s) Mail Address: |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone: | Home |  | Mobile |  |
| Telephone: | Business |  | Email |  |

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| **PROPERTY THAT FINANCIAL HARDSHIP RELATES TO** |

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| --- | --- |
| Council Property Number: |  |

|  |  |
| --- | --- |
| Property Address: |  |
|  |  |

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| **HAS FINANCIAL ASSISTANCE BEEN SOUGHT?** |

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Have you sought any financial assistance from a suitably qualified financial counsellor? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide the name of the financial counsellor |  | |
| Contact Telephone Number for financial counsellor |  | |

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| **FAMILY DETAILS** |

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| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Are you single, married or living in defacto relationship? |  |  |
| How many dependents do you have in your care? |  |  |
| What is their relationship to you? |  |  |

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| **PROPERTY DETAILS** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Question** | | **Answer** | | | | |
| **First Debtor** | | | **Second Debtor/Spouse** | |
| Is there a mortgage over the property which this application relates to? | | 🔿 Yes 🔿 No | | |  | |
| If yes, what value is the mortgage? | | $ | | |  | |
| Are there any other persons currently residing in the property? | | 🔿 Yes 🔿 No | | |  | |
| If yes, please provide below details for each additional occupant | | | | | | |
| Name | Rent Amount | | Regularity (Weekly, etc) | Term of Lease | | Expiration Date |
|  |  | |  |  | |  |
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| **OTHER ASSET DETAILS** |

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| --- | --- | --- |
| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Do you own, or have any interest in any other property other than the rates property? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide below details for each additional property in which you hold an interest. | | |

|  |  |
| --- | --- |
| Property Address |  |
| Type of Property (House, Unit, Factory, etc) |  |
| Weekly Income received from Property |  |
| Market Value of Property |  |

|  |  |
| --- | --- |
| Property Address |  |
| Type of Property (House, Unit, Factory, etc) |  |
| Weekly Income received from Property |  |
| Market Value of Property |  |

If you have more than two other properties, please attach further information to this application

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| **OTHER ASSET DETAILS CONTINUED** |

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| --- | --- | --- |
| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Do you have any of the following (If yes, provide full details including current value) | | |
| Bonds, Shares, money on loan or other investments? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| Details |  | |

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| --- | --- | --- |
| Interest in any deceased estate | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| Details |  | |

|  |  |  |
| --- | --- | --- |
| Life insurance/superannuation policies | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| Details |  | |

|  |  |  |
| --- | --- | --- |
| Motor Vehicle(s) | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| Make |  |  |
| Model |  |  |
| Year of Manufacture |  |  |
| Registration |  |  |
| Is vehicle subject to finance? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, value of finance | $ | $ |

If you have more than two motor vehicles, please attach further information to this application

|  |  |  |
| --- | --- | --- |
| Do you have any other property or assets not disclosed on this form (Boat, Caravan, etc)? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide type of asset |  |  |
| If yes, please provide value of asset | $ | $ |

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| **EMPLOYMENT AND INCOME DETAILS** |

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| --- | --- | --- |
| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Are you currently employed? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide the below details. | | |
| Name of Employer |  |  |
| Start Date |  |  |
| Employment Status (Full Time, casual, etc) |  |  |
| If you are not currently employed, please provide the below details. | | |
| Last Employer Name |  |  |
| Address of Last Employer |  |  |
| Date employment ceased |  |  |

|  |  |  |
| --- | --- | --- |
| Are you the owner or director of any company/business? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide the below details. | | |
| Name of Company/Business |  |  |
| Registered Address of Company/Business |  |  |
| ACN/ABN of Company/Business |  |  |
| How much are you currently earning each week from employment? | $ | $ |

|  |  |  |
| --- | --- | --- |
| Are you in receipt of any Centrelink benefits? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, what sort of payment? |  |  |
| How much are you currently receiving in the way of Centrelink payments each week? | $ | $ |

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| --- | --- | --- |
| Do you have any other source of income not mentioned above? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide weekly details (amount) | $ | $ |
| Details |  |  |

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| **BANK AND SAVINGS DETAILS** |

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| **Question** | **Answer** | |
| **First Debtor** | **Second Debtor/Spouse** |
| Do you have any accounts in a bank, credit union, building society or similar financial institution? | 🔿 Yes 🔿 No | 🔿 Yes 🔿 No |
| If yes, please provide below details for each account | | |

|  |  |  |
| --- | --- | --- |
| Institution Name |  |  |
| Account Name |  |  |
| Address of Institution |  |  |
| Account Number |  |  |
| Balance of Account | $ | $ |

|  |  |  |
| --- | --- | --- |
| Institution Name |  |  |
| Account Name |  |  |
| Address of Institution |  |  |
| Account Number |  |  |
| Balance of Account | $ | $ |

If you have more than two accounts, please attach further information to this application

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| **EXPENSE DETAILS** |

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| --- | --- | --- |
| Question | Answer | |
| First Debtor | Second Debtor/Spouse |
| Please provide details of your weekly expenses | | |
| Mortgage Repayments | $ | $ |
| Car Repayments | $ | $ |
| Food | $ | $ |
| Clothing | $ | $ |
| Entertainment | $ | $ |
| Car Running Expenses (Registration, Fuel, etc) | $ | $ |
| Amenities (Gas, Water, Phone, Rates, etc) | $ | $ |
| Credit Card Repayments | $ | $ |
| Insurance (House, Contents, Car) | $ | $ |
| Education Expenses | $ | $ |
| Medical/Dental/Pharmaceutical | $ | $ |
| Other Expenses (please provide details) | $ | $ |
| Total Weekly Expenses | $ | $ |

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| **GENERAL** |

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| Other circumstances which have impacted applicant(s) financial capability |
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| Is any member of the family in poor health? If yes, please provide details |
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| Has such illness caused financial difficulties? If yes, please provide details |
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| Please provide any further details you feel are relevant to your application |
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| **ACKNOWLEDGEMENT** |

The information you provide will be held securely and your privacy respected. Your details may be provided to another organisation, if the Privacy and Data Protection Act 2014 is inconsistent with other legislation.

I acknowledge and provide consent to Council to refer this application to a suitably qualified financial counsellor for review and recommendation for a confidential closed session of Council.

The completed application form will be referred to the nominated financial counsellor on page one of this application if you have already sought financial advice or referred to Council’s nominated financial counsellor.

I agree that I may be required to further discuss this application with the financial counsellor that the application is referred to if clarification of information is required.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person making a false declaration is liable to the penalties of perjury.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant 1 |  | Signature \* |  |
| Name of Applicant 2 |  | Signature \* |  |

\* Signature of person making this declaration must be signed in front of an authorised witness

|  |  |  |
| --- | --- | --- |
| DECLARED at | ) | Authorised Witnesses for Statutory Declarations include:  \* Barrister and Solicitor of Supreme Court \* Member of Police force \* Justice of Peace \* Dentist, Pharmacist or Veterinary Surgeon \* Manager of Bank |
| In the State of Victoria, this | ) |
| day of | 20 ) |

|  |  |
| --- | --- |
| Name Of Authorised Witness |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Authorised Witness |  | Date |  |

All completed applications should be returned to:

Revenue Services and Procurement Co-ordinator

Moorabool Shire Council

PO Box 18

Ballan Victoria 3342

Or Emailed to info@moorabool.vic.gov.au