

5.5 APPENDIX B – APPLICATION FOR ASSISTANCE

**Debtor Due to Financial Hardship**

**ASSESSMENT SUMMARY**

ASSESSMENT NUMBER	
PERSONS NAME/S	
CONTACT DETAILS	Phone: <span style="float:right">Mob:</span> Email:
PROPERTY ADDRESS	
PROPERTY CLASSIFICATION	Residential Y / N      Principle Place of Residence Y / N
TOTAL DEBT AMOUNT	\$
HOW LONG HAVE YOU LIVED AT THIS ADDRESS (Years)	.....Years

**FINANCIAL ASSESSMENT (Provide Supporting Documentation)**

Net Income	
Gross Expenses	
Difference	

**PROVIDE A DESCRIPTION AS TO WHY DEBTS HAVE REMAINED UNPAID**


COMPLIANCE WITH COUNCIL POLICY

Council officers may be required to conduct a basic hardship assessment and should have information and a preliminary plain English verbal questionnaire prepared.

Criteria of Policy	YES /NO	Comment – if required
Is this house where you live?		
Do you run a business from home?		
Do you owe money for more than one year?		
Are these payments hard to make?		
Can you make regular smaller payments?		
Do you want to keep your home or do you want to sell it?		
Can you provide a financial statement that outlines your income and expenses?		
Do you own another property?		

**Confidentiality**

Any information provided in accordance with this Policy will be treated as strictly confidential.

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APPLICANTS AGREEMENT TO PAY

I/We (Insert Name/s):	
<ul style="list-style-type: none"> <li>• Agree to the terms and conditions established for the repayment of the outstanding rates and charges on my / our property.</li> </ul>	
<ul style="list-style-type: none"> <li>• Commit fully to making repayments as required</li> </ul>	
<ul style="list-style-type: none"> <li>• Understand that interest will continue to accrue on any outstanding balance (subject to the provisions of this Policy)</li> </ul>	
<ul style="list-style-type: none"> <li>• Acknowledge that if in default of this agreement, Council has the right to proceed with full recovery of the debt without further notice.</li> </ul>	
<ul style="list-style-type: none"> <li>• Understand that additional recovery costs may be incurred by me / us if in default of this agreement.</li> </ul>	
Payment Frequency: Lump Sum / Monthly / Fortnightly / Weekly	
Amount:	\$
Signed:	Signed:
Write Name:	Write Name:
Date:	

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THIS SECTION TO BE COMPLETED BY COUNCIL AUTHORISED OFFICER

REPAYMENT CAPACITY

Based upon information provided in the application, the applicant has financial capacity to make repayments	YES / NO
If YES, how much could be paid per week?	\$

ASSESSMENT SUMMARY

Applicant complies with Policy criteria (specify number of criteria met)	Of 7
Applicant has identified capacity to make repayments	YES / NO

Signed:	Date:
Write Name:	

RECOMMENDATION

Based upon:

- (a) compliance with Council’s Policy;
- (b) a capacity by the applicant to make regular repayments of outstanding rates and charges; and
- (c) the above signed agreement to make such repayments,

it is recommended that financial assistance *be / not be* granted by:

- (a) Waiving           % or \$\_\_\_\_\_of interest raised to date, and / or
- (b) Not raising further interest on this account.

Signed: .....  
          **Authorised Officer**

**Date:**     /     /20

Signed: .....  
          **Chief Financial Officer**

**Date:**     /     /20

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