



## FINANCIAL MANAGEMENT

### Financial Hardship: Council Rates Application Form DCSB-07 Form 36

File Number	
Record ID:	
Version NO:	1 of 1
Issued:	March 2020
Next Review:	March 2023
Pages:	Page 1 of 4

The District Council of Streaky Bay is committed to assisting customers who are experiencing financial hardship to manage their bills on an ongoing basis and make payments in a manner that is mutually acceptable.

The information provided is required to assist Council to assess your application.

### Applicant

Full Name:	
Date of Birth:	
Postal Address:	
Mobile:	
Email:	
Property Assessment Number	

### Applicant Details

Employment Status:	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Permanent Part Time
	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	Casual
	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Retired
If you are not working, what type of Centrelink benefit are you receiving?				
Centrelink Benefit:	<input type="checkbox"/>	Jobseeker Allowance	<input type="checkbox"/>	Parenting Payment
	<input type="checkbox"/>	Disability Pension	<input type="checkbox"/>	Aged Pension
	<input type="checkbox"/>	Carers Pension	<input type="checkbox"/>	Other:

### Council Rates Hardship

If your application is for hardship of Council Rates please complete this Section.

Property Address:				
Owners of Land:				
Site Value:				
Balance of Mortgage:				
Is the property for which you are applying for rate relief your principal place of residence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the property for which you are applying for rate relief your principal place of business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you hold or have you applied for a State Government or Federal Government hardship support?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How long have you owned or leased the property?	Years			

	<b>FINANCIAL MANAGEMENT</b> <b>Financial Hardship:</b> <b>Council Rates</b> <b>Application Form</b> <b>DCSB-07 Form 36</b>	File Number	
		Record ID:	
		Version NO:	1 of 1
		Issued:	March 2020
		Next Review:	March 2023
		Pages:	Page 2 of 4

Please outline the reason for your hardship assistance application:

	<b>FINANCIAL MANAGEMENT</b> <b>Financial Hardship:</b> <b>Council Rates</b> <b>Application Form</b> <b>DCSB-07 Form 36</b>	File Number	
		Record ID:	
		Version NO:	1 of 1
		Issued:	March 2020
		Next Review:	March 2023
		Pages:	Page 3 of 4

## Financial Position

Applicants applying for hardship assistance with the help of an accredited Financial Counsellor or Agency, are requested to supply the following documents with this application:

- Authority to act for accredited Financial Counsellor
- Income and expenditure statement completed by accredited Financial Counsellor
- Completed application and signed declaration

If you are completing this application without the assistance of a Financial Counsellor or Agency, please complete the following, to verify your financial position.

Income (fortnightly)	\$
Salary or Wages	
Pensions or Annuity Payments	
Other Government Payments	
Rental Income	
All Other Income	
<b>Total Fortnightly Income</b>	
Expenses (fortnightly)	\$
Mortgage (or Interest) Payments	
Food	
Motor Vehicle Expenses	
Utilities (Electricity, Water, Gas)	
Council Rates	
Other Loan Repayments	
Credit Card Repayments	
Other Expenditure	
<b>Total Fortnightly Expenses</b>	

## Other Financial Considerations

Have you considered the valuation of this property?	Yes	No
Have you considered whether this property is surplus to your requirements?	Yes	No
Are there any other occupants that could assist with payments?	Yes	No
Is 'Senior Postponement' an option?	Yes	No
Have you considered refinancing?	Yes	No
Have you considered accessing your super?	Yes	No

	<b>FINANCIAL MANAGEMENT</b> <b>Financial Hardship:</b> <b>Council Rates</b> <b>Application Form</b> <b>DCSB-07 Form 36</b>	File Number	
		Record ID:	
		Version NO:	1 of 1
		Issued:	March 2020
		Next Review:	March 2023
		Pages:	Page 4 of 4

## Declaration

Please complete the following declaration for hardship assistance

	I understand the above application applies to hardship assistance
	If the grounds for this application cease to exist, I must advise Council
	I understand that any outstanding debt is payable in the future
	I declare that the information I have provided in this application is true and correct to the best of my knowledge

Signature:	
Name:	
Date:	

Accredited Financial Counsellor or Agency Name:	
Accredited Financial Counsellor or Agency Signature:	
Phone:	
Email:	

## Lodging

Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application to Council.

Applications are to be marked attention of Client Services Officer - Rates

Mail:

CONFIDENTIAL  
 Client Services Officer - Rates  
 PO Box 179  
 Streaky Bay SA 5680

Email:

[cupplesbrooke@streakybay.sa.gov.au](mailto:cupplesbrooke@streakybay.sa.gov.au)

## For More Information

Please contact the Client Services Officer - Rates

Phone: 08 8626 1001

Email: [cupplesbrooke@streakybay.sa.gov.au](mailto:cupplesbrooke@streakybay.sa.gov.au)