DISTRICT COUNCIL OF Streaky Bay
29 Alfred Terrace, Streaky Bay SA 5680
T: (08) 8626 1001 **E:** dcstreaky@streakybay.sa.gov.au

Financial Hardship Rates Application

DCSB 07 Form 36

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 the Council in assessing your application.

Applicant

Full Name:_____ Date of Birth:_____

Postal Address:_____

Mobile:_____ Email:_____

Property Assessment Number:_____

Applicant Details

Employment Status: ☐ Full Time ☐ Permanent Part Time ☐ Self Employed

☐ Casual ☐ Unemployed ☐ Retired

If you are not working, what type of Centrelink benefit are you receiving?

Centrelink Benefit: ☐ Carers Pension ☐ Parenting Payment ☐ Aged Pension

☐ Disability Pension ☐ Jobseeker Allowance ☐ 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?

☐ yes ☐ no

Is the property for which you are applying for rate relief your principal place of business?

☐ yes ☐ no

Do you hold or have you applied for a State Government or Federal Government hardship support?

☐ yes ☐ no

How long have you owned or leased the property?

☐ yes ☐ no

Please outline the reason for your hardship assistance application:

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	$
Total Fortnightly Income	**$**

Expenses (fortnightly)

Mortgage (or Interest) Payments	$
Food	$
Motor Vehicle Expenses	$
Utilities (Electricity, Water, Gas)	$
Council Rates	$
Other Loan Repayments	$
Credit Card Repayments	$
Other Expenditure	$
Total Fortnightly Expenses	**$**

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

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

Full Name:_____ Signature:_____

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 Rates Officer, PO Box 179 Streaky Bay SA 5680

Email:
dcstreaky@streakybay.sa.gov.au

For More Information

Please contact the District Council of Streaky Bay at (08) 8626 1001.