

**BALRANALD SHIRE COUNCIL**  
**APPLICATION FOR HARDSHIP RELIEF**



**Assessment No:** \_\_\_\_\_

**Ratepayer Name/s:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_  
**(if different to Ratepayer name)**

**Contact phone** \_\_\_\_\_ **Email:** \_\_\_\_\_

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My hardship application is made under the following section of the Local Government Act 1993 for:

- Entering into a set payment arrangement per week/fortnight/month toward reduction of the outstanding account [Section 564];
- Allowing outstanding rates, charges, and interest to accrue against the estate.
- Writing off or reducing interest accrued on rates or charges [Section 564 & 567];

I am the owner or part owner of the property and liable for the payment of rates and charges on the property;

The property is my principal place of residence;

The assessment is categorised for rating purposes, as per the Local Government Act 1993 as:

- Farmland [Section 515], or
- Residential [Section 516]
- I have attached a copy of the rates notice for this assessment

The applicant understands that Council may request additional information or documentation to support the application, or to advise that the application is incomplete. The application will not be processed, until the required information or documentation is provided, and failure to provide such within 30 days will deem the application void.

A hardship application is made in accordance with Council's current "Financial Hardship Policy" as adopted by Council. This policy can be found on Council's website (search policies).

You should ensure you contact Council promptly if your circumstances change. This will ensure that Council does not take action to recover the amount outstanding if you do not adhere to the arrangement. Additionally, you may not be entitled to relief under the new circumstances.

**Privacy Notification**

Balranald Shire Council, for Hardship Relief purposes, is collecting the information requested on this form. The information will be used solely by Council officials for the purpose mentioned or a directly related purpose.

**Statutory Declaration  
Oaths Act 1966 EIGHTH SCHEDULE**

I .....do solemnly and sincerely declare  
(name of declarant)

that the information contained in this application for hardship relief is true and correct in every respect and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

Declared at \_\_\_\_\_ On \_\_\_\_\_

Signed \_\_\_\_\_ Applicant's signature

Date \_\_\_\_\_

In the presence of an authorised witness who states:

I ..... a .....  
(name of authorised witness) (qualification of authorised witness)

**Certify the following matters concerning the making of this statutory declaration by the person who made it: *\*please cross out any text that does not apply***

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification<sup>1</sup> for not removing the covering, and
2. \*I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was

.....  
[describe identification document relied on]

.....  
[signature of authorised witness]

.....  
[date]

\_\_\_\_\_  
<sup>1</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)

# Financial Statement

<b>INCOME (weekly unless otherwise stated)</b>	
Your average weekly income after tax from salary or wages	\$ _____ /wk
Spouse average weekly income after tax from salary or wages	\$ _____ /wk
Any other salary/annual payment	\$ _____ /pa
Your Social Security benefits/pensions (include family payments etc)	\$ _____
Pension Number: _____ Type _____	
Health Benefit Card No: _____	
Spouse Social Security benefits/pensions (include family payments etc)	\$ _____
Pension Number: _____ Type _____	
Health Benefit Card No: _____	
Other Income	\$ _____
Do you collect any rent from interest you have in other properties? Y/N	\$ _____
<b>TOTAL</b>	\$ _____

<b>EMPLOYMENT DETAILS</b>	
What is the name of your employer?	
_____	
What is the address of your employer?	
_____	
SUBURB	POSTCODE
Is your salary or wage paid by your employer into an account in a bank or financial institution?	
_____	
If you answered yes to the previous question, identify the institution, branch, BSB and account number.	
_____	
Are your employment options suffering due to COVID19 Pandemic?	
_____	
<b>BUSINESS OWNERSHIP DETAILS</b>	
Please state the name of your business/s and the ABN number	
_____	
What is the address of your business?	
_____	
SUBURB	POSTCODE
Please identify the institution, branch, BSB and account number for your business banking	
_____	
Is your business suffering economic downturn due to COVID19 Pandemic?	
_____	
<input type="checkbox"/>	Tick if you are the partner/director to any additional business to the ones listed above. Please provide details on another sheet. Note, this includes all businesses operating outside of Balranald Shire Council local government area, held by you personally or as a partner/company director/member

**PROPERTY OWNED BY YOU**

**CURRENT VALUE**  
Improved value (with buildings,  
and all permanent assets)

LAND		
Home	PROPERTY ADDRESS:  VALUE OF EQUITY, IF ANY      \$	\$
	Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	Is the property <input type="checkbox"/> Residential Home <input type="checkbox"/> Vacant Land <input type="checkbox"/> Rural Land <input type="checkbox"/> Other – Please give details (eg leases, licences) .....
Other property	PROPERTY ADDRESS:  Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	\$
	Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	Is the property <input type="checkbox"/> Residential Home <input type="checkbox"/> Vacant Land <input type="checkbox"/> Rural Land <input type="checkbox"/> Other – Please give details (eg leases, licences) .....
Other property	PROPERTY ADDRESS:  Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	\$
	Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	Is the property <input type="checkbox"/> Residential Home <input type="checkbox"/> Vacant Land <input type="checkbox"/> Rural Land <input type="checkbox"/> Other – Please give details (eg leases, licences) .....
Other property	PROPERTY ADDRESS:  Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	\$
	Do you own the Property <input type="checkbox"/> By Yourself <input type="checkbox"/> With another person <input type="checkbox"/> Other – Please give details .....	Is the property <input type="checkbox"/> Residential Home <input type="checkbox"/> Vacant Land <input type="checkbox"/> Rural Land <input type="checkbox"/> Other – Please give details (eg leases, licences) .....
<input type="checkbox"/>	Tick if you own additional properties to the ones listed above. Please provide details on another sheet. Note, this includes all properties held outside of Balranald Shire Council local government area, held by you personally or as a partner/company director/member	Total on separate sheet \$

<b>OTHER ASSETS (OTHER THAN LAND PROPERTY)</b>		
<b>Funds in banks/ financial institutions, including off-set accounts, FMD's, bonds, etc</b>	INSTITUTION, BRANCH, BSB AND ACCOUNT NUMBER	\$
	INSTITUTION, BRANCH, BSB AND ACCOUNT NUMBER	\$
<b>Investments</b>	NAME AND TYPE OF INVESTMENT	\$
		\$
		\$
		\$
<input type="checkbox"/>	Tick if you own additional fund/investments to the ones listed above. Please provide details on another sheet. Note, this includes all cash and shares investments held in Australian or offshore financial institutions, held by you personally or as a partner/company director/member.	Total on separate sheet \$
<b>Motor vehicles/ Machinery/Plant</b>	YEAR MAKE	\$
	MODEL REGISTRATION NO	
	YEAR MAKE	\$
	MODEL REGISTRATION NO	
<input type="checkbox"/>	Tick if you own additional motor vehicles/machinery to the ones listed above. Please provide details on another sheet. Note, this includes all motor vehicles/machinery/plant held by you personally or as a partner/company director/member	Total on separate sheet \$
<b>Household contents</b>		\$
Other personal property	DESCRIPTION AND LOCATION	\$
<input type="checkbox"/>	Tick if you own additional Household contents to the ones listed above. Please provide details on another sheet. Note, this includes all cash and shares investments held in Australian or offshore financial institutions, held by you personally or as a partner/company director/member	Total on separate sheet \$
<b>Business/Office contents</b>		\$
	DESCRIPTION AND LOCATION	\$
<input type="checkbox"/>	Tick if you own additional Business/ Office contents to the ones listed above. Please provide details on another sheet. Note, this includes all cash and shares investments held in Australian or offshore financial institutions, held by you personally or as a partner/company director/member.	Total on separate sheet \$
<b>TOTAL VALUE OF ALL PROPERTY/ASSETS OWNED BY YOU/ YOUR COMPANY (INLCUDING THOSE ENTERED ON SEPARATE SHEETS (TO BE ATTACHED)</b>		\$

## EXPENSES

Average weekly expenses:

ITEM	WEEKLY AMOUNT
Food	\$
Household supplies	\$
Mortgage/rent	\$
Gas	\$
Electricity	\$
Heating fuel	\$
Rates/levies	\$
Telephone	\$
Motor vehicle/s	
• Petrol	\$
• Maintenance	\$
• Registration/insurance	\$
Other machinery expenses	\$
Medical/hospital funds	\$
Other insurance (specify)	\$
Fares	\$
Clothing and shoes	\$
Entertainment/hobbies	\$
Education/childcare expenses, including fees and levies	\$
Medical/chemist /pharmaceutical	\$
Hire purchase payments	\$
Credit cards	\$
Other necessary commitments, including weekly payments, other liabilities (specify)	\$
<b>TOTAL WEEKLY EXPENSES</b>	<b>\$</b>

Other liabilities:

LIABILITIES	NAME OF BANK/ INSTITUTION	TOTAL AMOUNT OWED
Home mortgage		\$
Other Mortgage		
Other loans		\$
Credit cards		\$
Credit cards		\$
Other liabilities (specify)		\$
<b>TOTAL LIABILITIES</b>		<b>\$</b>

Does anyone contribute to paying these liabilities (eg your spouse/partner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, give the person's details:

Name of person	
Amount of contribution per week	\$
Do you have any dependants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details:	

### ADDITIONAL QUESTIONS REGARDING FINANCIAL CIRCUMSTANCES

Is your current income affected by the COVID19 Pandemic, or any other disaster?

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If yes, please indicate if you have applied for any government assistance (Jobkeeper, Grants, Financial assistance etc)

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What arrangements are you prepared to make to pay this debt?

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### DOCUMENTS TO BE PRODUCED

Copies of the following documents must be attached to this hardship application:

- Payslips for the last 4 weeks OR Current Pension or Health Benefit card
- Tax return for the year ending 30 June for the year previous to this application.
- Current bank statement for any accounts
- Current investment statements
- Current statements for any credit cards or loans in your name.
- Proof of economic hardship due to any cause (pandemic, flood, fire etc)
- Additional information as indicated in the application

Optional attachment:

- Letter from a recognised financial counsellor or financial planner confirming financial hardship

<b>The information provided in this application is strictly confidential and will not be disclosed to any other organisation.</b>
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