Financial Hardship Assistance Request

Only complete this form if you are experiencing financial hardship and need additional support due to your financial circumstances.

Please provide all supporting information and documents to help us assess your application as quickly as possible.

If there is more than one owner of the property, each owner must submit a separate application. Please read the Rates and Charges Payment Assistance Policy **before starting** your application.

Property details

Street address		**Assessment No.**
Suburb	**State**	**Postcode**

Ratepayer details

Given name	**Family name**
Email address	**Mobile number**
Postal address	
Suburb	**State**	**Postcode**
Pensioner concession card details (if applicable)	
List the age of each dependent	

Other property details

Is this an investment property?

☐ Yes
☐ No

Do you own other properties?

☐ Yes
☐ No

How many properties do you own?

Total value of all properties you own

List the address of each property (not listed above)

Enter the full address of each property including suburb. If outside of Victoria, include the state and postcode.

Income and Expenses

Please provide details of your regular income and typical expenses over 12 months.
If a category is not relevant, enter 0 (zero) for that category.

Income

Type of income	Amount per year $
Salary Wages from full time, part time or casual work	
Business income	
Pensions	
Property (rent or board)	
Other income Include interest, dividends, superannuation, etc	

Expenses

Type of expense	Amount per year $
Mortgage	
Personal loans Include credit cards, Afterpay etc	
Electricity and gas	
Water	
Groceries	
Insurance Include home and contents, health, pet etc	
Internet	
Phones	
Transport Include car expenses, public transport, ride share etc	
Education Include any private school fees	
Clothing and personal grooming	
Leisure Include holidays, TV subscriptions, sport/ gym and other memberships, etc	
Other expenses Include medical expenses, other debts, etc	

Payment assistance details

Please state your reasons for applying

What assistance are you seeking?

☐ **Payment plan**

Amount	**Frequency**	**Start Date**

☐ **Deferral of rates** (Offered to eligible applicants for a maximum of 3 years)

Amount	**Length of Deferral**	**Start Date**

☐ **Waiver of interest**

Amount	**Reason**

Supporting documents

Please provide bank statements for all accounts held by the owners.

Attach any other documents that support your application, such as but not limited to medical records, proof of employment, Centrelink statements, or recommendations from a financial counsellor.

Declaration

I have read, understood and agree to the declaration below

- The information provided in this application is true and correct.
- I understand that providing false or misleading information, or failing to tell Council about significant changes to my circumstances, may result in 10 penalty units under section 171A of the 1989 Local Government Act.
- I will contact Knox City Council if my financial circumstances change significantly or if I am unable to meet the agreed payment arrangement.
- I have read and understood Knox City Council's Rate and Charges Payment Assistance Policy.
- I have read and understood Knox City Council's Privacy Statement.

Signature	
Print name	**Date**

Privacy statement Your personal information is collected by Knox City Council to provide Council services, activities, and events. We handle your data in accordance with the Privacy and Data Protection Act 2014 and the Australian Privacy Principles. For more information, visit knox.vic.gov.au/privacy