

# FINANCIAL HARDSHIP APPLICATION



The City has adopted a Financial Hardship Policy as we know many in our community may be suffering financial hardship from events that impact a person's capacity to pay their Rates. We want to ensure that eligible Ratepayers can apply and be considered for assistance to meet their Rates payment responsibilities.

A successful application will result in the rates payment plan agreed between you and the City and if there is extreme financial hardship, penalty interest may be written off or not applied to the rates debt for a period of time.

Of course, the City expects that Ratepayers will make reasonable efforts to make payments in accordance with their agreed payment plan, but we do understand that things can change and you can contact us at any time to request an adjustment to your payment plan.

## **Are you eligible to apply?**

Any Ratepayer experiencing difficulties in meeting their financial commitments is eligible to apply.

## **How is a decision made about my application?**

Decisions about financial hardship applications will be assessed based on the information provided in the application form and attachments submitted. This information will be assessed against the requirements of the City's Financial Hardship Policy. You can read the Financial Hardship Policy on our website [www.kwinana.wa.gov.au/financial-hardship-policy](http://www.kwinana.wa.gov.au/financial-hardship-policy) or request a copy from our Rates Team.

After you submit an application, we will contact you if we need more information.

## **Do you need help to make an application?**

Contact our Rates Team on (08) 9439 0200 and one of our friendly staff will be able to assist you. We can assist you over the phone, in a face to face appointment or we can connect you with other financial counselling or community support agencies to meet your needs.

## **Privacy and Confidentiality**

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your rates debt.

## **Right to have the decision reviewed**

If you are not happy with our decision about your application, you can ask for the decision to be reviewed. Decision review requests can be submitted to the Chief Executive Officer, who will consider your request and advise you of the outcome. Email your request to [customer@kwinana.wa.gov.au](mailto:customer@kwinana.wa.gov.au) or mail to PO Box 21, KWINANA TOWN CENTRE WA 6966.

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA – check the website [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) or phone (08) 9220 7555, freecall 1800 117 000 or email [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au).

### **City of Kwinana Administration**

Corner Gilmore Avenue and Sulphur Road, Kwinana WA 6167

PO Box 21, Kwinana WA 6966 | Telephone 08 9439 0200

NRS 133 677 (hearing/speech impaired) | TIS National 131 450 (Translating and Interpreting Service)

Email [customer@kwinana.wa.gov.au](mailto:customer@kwinana.wa.gov.au) | Website [kwinana.wa.gov.au](http://kwinana.wa.gov.au)



## RATEABLE PROPERTY DETAILS

Address:			
	Suburb:		Postcode:
Assessment No. (if known)			
Outstanding Rate Account Balance (if known)			
Is the property owner / occupied or is it rented?	<input type="checkbox"/> Owner / Occupied		
	<input type="checkbox"/> Tenanted Rental		
	<input type="checkbox"/> Untenanted Rental		
If the property is rented, how is it managed?	<input type="checkbox"/> Managing Agent (provide agent's name)		
	<input type="checkbox"/> Privately managed		
If you are the lessee of the rateable property, what type of lease do you hold?	<input type="checkbox"/> Peppercorn	<input type="checkbox"/> Mining Tenement	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Crown	

## APPLICANT DETAILS

### Ratepayer 1

Company Name:			
Surname:		First Name:	
Residential Address:			
	Suburb:		Postcode:
Postal Address:			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

### Ratepayer 2

Company Name:			
Surname:		First Name:	
Residential Address:			
	Suburb:		Postcode:
Postal Address:			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

## FAMILY CIRCUMSTANCES

Are you supporting dependents?

Spouse / Partner

Children      How many dependent children do you support?

Other (please provide details)

## NOMINATE AN AUTHORISED AGENT

You can authorise another person to deal with the City regarding your financial hardship application and rates debt:

Agency Name:

Contact Surname:

First Name:

Contact Address:

Suburb:

Postcode:

Email:

Telephone:

Mobile:

## PREVIOUS RATE PAYMENT ARRANGEMENTS

Please tell us what option you chose to pay your rates in the last financial year.

Paid in Full

Instalments x 2 payments

Paid in Full    Yes /    No

Instalments x 4 payments

Paid in Full    Yes /    No

Special Payment Plan

Plan still active OR    Plan cancelled (defaulted)

Unknown (The City can find this information in our records if you are unable to provide it here.)

Other (please provide details)

## RATE CONCESSION ENTITLEMENT

You may be entitled to a Rates concession or deferment.

**Applicant 1**

**Applicant 2**

Do you currently hold any of the following cards?

Seniors Card ONLY

WA Seniors Card AND a Commonwealth Health Care Card (you must have both cards)

Pensioner Concession Card OR State Concession Card

## FINANCIAL HARDSHIP INFORMATION

Please tell us about the reasons your financial circumstances have changed.

		Ratepayer 1	Ratepayer 2
Have you petitioned for bankruptcy? If yes, you are not eligible under the Financial Hardship Policy.		<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Please select all applicable reasons from the list below:			
<input type="checkbox"/> Is your financial hardship caused by the impacts of the Coronavirus (COVID-19)? 'Yes' or 'No' will not affect your application, but will help to understand the impact of the pandemic.		<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/> Unemployed	Date employment ceased:		
<input type="checkbox"/> Under-employed	Average hours per week:		
<input type="checkbox"/> Temporarily stood-down	Date of stand-down:		
<input type="checkbox"/> Income has been reduced Please provide details in the Financial Information section below.			
<input type="checkbox"/> Unable to work due to responsibilities as a carer		<i>Please attach copy of letter from medical practitioner</i>	
<input type="checkbox"/> Unable to work due to physical or mental health diagnosis			
<input type="checkbox"/> Diagnosed with Coronavirus (COVID-19) and unable to work			
<input type="checkbox"/> Unable to work due to self-isolation	Start Date:		
	End Date:		
<input type="checkbox"/> Death in the family			
<input type="checkbox"/> Family or domestic violence			
<input type="checkbox"/> Other (Please provide details)			

## CURRENT FINANCIAL INFORMATION

Accurate financial information is important so you do not commit to an unrealistic payment plan

INCOME Please provide monthly Net Income	Ratepayer 1	Ratepayer 2
<input type="checkbox"/> Wages / Salary		
<input type="checkbox"/> Pension or other Government Benefit		
<input type="checkbox"/> JobKeeper		
<input type="checkbox"/> JobSeeker		
<input type="checkbox"/> Interest or earnings from banks, financial institutions or dividends		
<input type="checkbox"/> Compensation, superannuation, insurance or retirement benefits		
<input type="checkbox"/> Child Support Payments		
<input type="checkbox"/> Rental income		
<input type="checkbox"/> Other income? (Please describe)		

If <b>Reduced Income</b> is a reason for this Financial Hardship Application, please complete:	<b>Ratepayer 1</b>	<b>Ratepayer 2</b>
<b>Previous monthly income:</b>		
<b>Date that reduced income occurred:</b>		
<b>Current monthly income:</b>		

<b>EXPENSES</b>		<b>\$ Amount per month</b>
Please provide monthly household expenditure as a total for all applicants:		
<input type="checkbox"/> Mortgage / Home Loan		
<input type="checkbox"/> Other Mortgages / business loans		
<input type="checkbox"/> Other loans		
<input type="checkbox"/> Credit Card/s		
<input type="checkbox"/> Utilities	Power	
	Water	
	Internet	
	Phone/s	
<input type="checkbox"/> Insurances		
<input type="checkbox"/> Food and living expenses		
<input type="checkbox"/> Motor vehicle expenses (licensing, repairs, fuel)		
<input type="checkbox"/> Entertainment (streaming services / eat out, etc)		
<input type="checkbox"/> Other expenditure? (Please provide details)		

<b>SUPPORTING DOCUMENTS</b>
Please provide copies of documents you may have to support this application.
<input type="checkbox"/> Letter from financial counsellor, confirm financial hardship circumstances
<input type="checkbox"/> Letter from medical practitioner
<input type="checkbox"/> Centrelink payment evidence
<input type="checkbox"/> Letter from your employer / recent payslips
<input type="checkbox"/> Letter from another agency that has deemed you to be in financial hardship ie your bank, superannuation fund or utility provider
<input type="checkbox"/> Statutory declaration from a professional familiar with your financial circumstances ie family doctor, accountant
<input type="checkbox"/> Other (please list)

## PAYMENT PROPOSAL

Please provide a payment proposal that, if approved, will be your commitment to make payments toward your rates debt.

Before selecting an option below, please consider all your financial commitments so that your payment proposal will not limit your ability to meet basic living expenses for you and your dependents.

<input type="checkbox"/>	<b>OPTION 1 Regular Payment Plan</b>		
<p>Nominate how much you want to pay and how frequently you want to pay this amount. This option is preferred as it will help you to reduce your rates debt through regular payments. This option helps to avoid having to make a large single payment that may impact your ability to meet basic living expenses for you and your dependents.</p>			
<b>Proposed Payment Amount:</b>			
<b>Proposed Payment Frequency</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Quarterly	
<b>Proposed Start Date:</b>			

<input type="checkbox"/>	<b>OPTION 2 Defer Payment in Full</b>	
<p>Nominate a date on which you will pay your rates debt in full.</p> <p>This option may be suitable if you are temporarily unable to work or temporarily have reduced income and you know when your circumstances will return to normal.</p> <p>DO NOT select this option if you are not certain that you can pay your rates debt in full on or before the nominated date, as if you fail to do so, the City may initiate debt collection proceedings.</p>		
<b>Please defer my rates debt DUE DATE to:</b>		<i>(Write date here)</i>

## DECLARATION

I declare that the information provided in this Financial Hardship Application is accurate and I will advise the City if there is any change to my / our financial circumstances.

Ratepayer 1 Signature		Date:	
Ratepayer 2 Signature		Date:	