CALL (08) 8676 0400

POST PO Box 41 Cummins SA 5631

EMAIL mail@dclep.sa.gov.au

1. Applicant

Given name:

Title:

EMAII

VISITCummins Administration Office
32 Railway Tce

Port Lincoln Branch Office 38 Washington St Port Lincoln SA 5606

Cummins SA 5631



APPLICATION FOR HARDSHIP ASSISTANCE

The District Council of Lower Eyre Peninsula 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. Council aims to help residents to clear their outstanding and ongoing rates debt in a planned and efficient manner.

The information provided is required to assist Council to assess your application and will be treated confidentially.

Family name:

			,	
Postal address:				
				Post code:
Date of Birth:		Phone	: :	
Email:				
2. Details of La	nd			
Please note:				
Hardship applications only apply to property that you own and occupy, and is your main place of residence. Please refer to your Rates Notice(s) for this information.				
Property address:				
				Post code:
Owner/s of land (if not you)				
Title:	Given name:		Family name:	
Title:	Given name:		Family nar	me:
Land Valuation on Rates Notice: \$				
Balance of Mortgage: \$				

3. Essential Details

Rate payers applying for hardship assistance are required to seek the assistance of an accredited Financial Counsellor

The following documents will need to be submitted with this application:

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

4. Application	Details			
Is the property for which you are applying for rate relief your principal place of residence?				
	Yes	□ No	0	
Are you the o	wner, or spouse	e of the	owner of the property?	
	Yes	□ N	lo	
What is your E	imployment Sta	tus?		
	Full Time Casual		ermanent Part Time employed	□ Self Employed□ Retired
If you are not working, what type of Centrelink benefit are you receiving?				
 □ Aged Pension □ Carer's Pension □ Parenting Payment □ Newstart □ Other (please specify below) 				
Do you hold or have you applied for a State Government concession?				
	□ Yes	□ No		
How long have you owned the property?				
Click or tap here to enter text. Years				
Do you have	dependant child	lren?		
	Yes	□ No	1	
If yes, please advise how many.				

4. Application Details, continued			
Please complete the following, or supply your accredited financial counsellor's fortnightly household income and expenditure statement, 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 Payments			
Food Shopping			
Petrol / car			
Gas / Electricity			
Water			
Council Rates			
Entertainment			
Other Loan repayments			
Credit card repayments			
Other Expenditure			
Total Fortnightly Expenses			
Net Fortnightly Income / Expenses			

## Please outline the reasons for your hardship assistance application. Flease outline the reasons for your hardship assistance application. Flease outline the assistance requested	
5. Assistance Requested Please outline the assistance you are seeking from this hardship assistance application. Postponement of rates Remittance of rates Long term payment plan 6. References Section 182 advises of Council's power to grant relief of rates due to hardship or extenuating circumstances by way of remission or postponement of rates. Please note that the penalty for providing false or misleading information on this form is an offence	4. Application Details, continued
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7. 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 full at time of disposal or sale of the property I declare that the information I have provided in this application is true and correct to the best of my knowledge. I have attended an appointment with an accredited Financial Counsellor on			
Applicants Name:			
Applicants Signature:			
Date of Application:			
Accredited Financial Counsellor Name: Accredited Financial Counsellors Signature:			
Accredited Financial Counselling Agency Name:			
Agency Phone:			
Agency Email:			
8. Lodging your Application			
Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application form to Council.			
Applications can be sent by mail, marked Attention Rates Officer to: District Council of Lower Eyre Peninsula PO Box 41 Cummins SA 5631			
For enquiries regarding hardship ass • Via email at mail@dclep.sa.go	sistance contact Council's Finance department:		

• Via telephone on (08) 8676 0400