# Mid-Western Regional Council

#### MID-WESTERN REGIONAL COUNCIL

PO Box 156, MUDGEE NSW 2850 86 Market Street, Mudgee | 109 Herbert Street, Gulgong | 77 Louee Street, Rylstone T 1300 765 002 or 02 6378 2850 | F 02 6378 2815 E council@midwestern.nsw.gov.au

## APPLICATION FOR HARDSHIP ASSISTANCE

Property Number(s) (Number as per Rates/Water notice NOT street address)					
Property Owner  (Owner(s) of Property according to Council Notice)					
Property Street Address					
Postal Address					
Contact Phone No	_ Phone				
Email					
Have you been convicted of fraud within the past 10 years?		Yes		No	
Property Information					
a) Is this property your principal residence?		Yes		No	
b) Do you own the property:					
a. By yourself?		Yes		No	
b. With a spouse?		Yes		No	
c. With other person/(s)?		Yes		No	
c) How many people live at the property?					
d) Is any part of the property tenanted?		Yes		No	

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# **Hardship Details**

a) What is the cause of the hardship?
b) How long have you been experiencing this hardship?

Income			
Your average weekly income after tax	\$		
Income of spouse/partner + income from any other source (eg. Centrelink)	\$		

Your Employment Details			
Name of employer:			
Address of your employer:			
	(Street Address)		
(Locality)	(Post Code)	(State)	

		Assets	
Assets Owned By You			Current Value
Home	Address:		\$
	Institution:		\$
Funds in Banks/Financial Institutions	Institution:		\$
mondiano	Institution:		\$
	Name: Type:		\$
Investments	Name:		\$
	Name:		\$
	Year:	Make:	
	Model:	Rego №	\$
Motor Vehicle/s	Year:	Make:	
	Model:	Rego №	Φ
	Year:	Make:	<b>\$</b>
	Model:	Rego №	
Household contents	Total:	(No need to list separately)	\$
Other Personal Property	Specify:		\$
Total value of property own	ned by you	(Please supply supporting documentation)	\$

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Average Weekly Expenses		
Item		Weekly Amount
Food		\$
Household supplies		\$
Mortgage/Rent		\$
Gas		\$
Electricity		\$
Heating fuel		\$
Telephone		\$
Motor vehicle		\$
Petrol		\$
Maintenance		\$
Fares		\$
Clothing & Shoes		\$
Medical/Hospital funds		\$
Entertainment/Hobbies		\$
Education Expenses (including fees and levies)		\$
Chemist/Pharmaceutical		\$
Visa/Mastercard		\$
Hire Purchase Payments		\$
Other Necessary Commitments (specify)		\$
Agriculture		\$
Other		\$
Total		\$
Liabilities		Weekly \$
Home Mortgage	Details:	\$
Credit Cards	Details:	\$
	Details:	\$
Other Loans	Details:	\$
Other Liabilities	Details:	\$
TOTAL (Please supply supporting documentation) \$		\$

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# **Additional Questions Regarding Financial Circumstances**

Do you have any income, assets or liabilities not disclosed in this examination notice?
What arrangements are you prepared to make to satisfy this debt?

Please attach any other information that may support your application.

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## **Declaration By Applicant For Hardship Assistance**

I declare that the information provided in this application is true correct and complete. I make this solemn

declaration conscientiously believing the same to be true, and by virtue of the provisions of the <i>Oaths Act, 19</i>	
Sworn Affirmed atSignature of deponent	
Name of witness	
Address of witness	
Capacity of witness (Justice of the peace/Solicitor/Barrister/Commissioner for affidavits/Notary public)	
And as a witness, I certify the following matters concerning the person who made this affidavit (the <b>deponen</b>	<b>t</b> ):
1. I saw the face of the deponent [OR, delete whichever option is inapplicable]	
I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfication for not removing the covering. <sup>1</sup>	fied
2. I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]	
I have the deponent's identity using the following identification document:	
Identification document relied on (may be original or certified copy) <sup>2</sup>	
Signature of witness	
<sup>1</sup> [The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]	

#### Penalties for False Statutory Declarations

The **Oaths Amendment Act 1996** provides that if a Statutory Declaration is made to gain material benefit and the offence is dealt with by indictment the penalty is up to 7 years imprisonment. If dealt with summarily then the penalty is up to 2 years imprisonment and/or a fine of 100 penalty units (\$11,000). If the offence is swearing a false declaration that does not involve material benefit, the penalty is up to 12 months imprisonment and/or a fine of 50 penalty units (\$5,500.)

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<sup>&</sup>lt;sup>2</sup> ["Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011 or JP Ruling 003 - Confirming identity for NSW statutory declarations and affidavits, footnote 3.]

## **Customer Consent**

I/We,	
<u> </u>	epartments and other institutions information which is necessary ardship assistance in relation to the property which I have giver
I may revoke this Customer Consent Record at any ti	ime by giving Council <b>written</b> notice that my consent is revoked
I acknowledge I have read and understood this Cust	comer Consent record.
Applicants Signature/s:	Date:

# **Privacy And Personal Information Protection Act 1998**

Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for a Hardship Provision – Rates and Charges assistance is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for a Hardship Provision – Rates and Charges assistance can be considered and processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact the Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.

# **Purpose Of This Form**

This form is to be completed by Ratepayers wishing to be considered for Hardship Provision – Rates and Charges assistance as prescribed in Council's Hardship – Rates and Charges Policy.

# **Privacy Statement**

You will need to provide personal information to Council in respect of this application. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further clarification please contact Council's Public Officer.

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