

Financial Hardship Application



Town of Cottesloe

INSTRUCTIONS

Before submitting your application, please ensure you have read the Town's **Financial Hardship Policy** to confirm that you meet the eligibility criteria. The form must be completed in full and accompanied by a signed Statutory Declaration confirming that the information provided is true and correct. The Town is unable to assess your application until both the completed form and the signed Statutory Declaration have been received.

APPLICANT(S)		
	Applicant 1	Applicant 2
Name:		
Address:		
Mobile number:		
Email:		
Agent – to nominate a representative to handle your application on your behalf, please provide their details.	Name: Address: Email:	

MONEY OWED TO THE TOWN OF COTTESLOE		
Debt: Balance Owing:	<input type="checkbox"/> Rates <input type="checkbox"/> Fees & Charges <input type="checkbox"/> Other \$	
Assessment Number (if Rates debt) or Invoice Reference:		
Please complete below if Rates and Service Charge debt		
Address of rateable property:		
Is the property owner / occupied?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Is the property currently tenanted?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Is the property mortgaged?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Any other considerations relevant to this property?	<i>Comments:</i>	

FINANCIAL HARDSHIP CIRCUMSTANCES	
Number and age of dependents:	
Insolvent / Bankruptcy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Employment Details:	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work because of: _____ <input type="checkbox"/> Other: _____
<p>Please provide a description of your financial circumstances and why you are requesting assistance for financial hardship.</p>	

FINANCIAL DETAILS	
Please provide monthly income from all sources. If you receive weekly or fortnightly income, please calculate what it is per month.	Amount
Wages after tax	
Centrelink benefits (Family allowance, Jobstart or other)	
Rent received	
Other	
Total Monthly Income (A)	\$
Please provide monthly expenses from all sources. If you make weekly or fortnightly payments, please calculate what it is per month.	Amount
Rent and/or mortgage payments	
Other loan payments	
Credit card payments	
Motor vehicle expense (petrol, insurance, lease payments)	
Living Costs (food, public transport, telephone, entertainment)	
Total Monthly Expenses (B)	\$
Total income (A) – total expenses (B) per month	\$

PAYMENT PROPOSAL	
Payment frequency and amount: Payment is required in full by 30 June – please attach spreadsheet or similar if more space is required.	<input type="checkbox"/> Weekly, \$ <input type="checkbox"/> Fortnightly, \$ <input type="checkbox"/> Monthly, \$ <input type="checkbox"/> Other, \$
Start Date:	
End Date:	

SIGNATURE(S)		
By submitting this application, you agree to promptly advise the Town in writing if there are any change to your financial circumstances.		
Applicant 1 Signature		Date:
Applicant 2 Signature		Date:

APPROVAL – TOWN OF COTTESLOE TO COMPLETE		
Payment Plan approval regarding payment of rates as per Delegation 1.16 – Make Agreements with Persons Regarding Payment of Rates		
Name:		<input type="checkbox"/> Manager Finance <input type="checkbox"/> Director Corporate and Community Services <input type="checkbox"/> CEO
Signature:		Date:
FINANCIAL HARDSHIP APPROVAL		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Executive Officer		
Signature:	Name: Date:	

Western Australia

Oaths, Affidavits and Statutory Declarations Act 2005

Statutory Declaration

I, _____ {name of person making declaration}
of _____ {address of person making declaration}
occupation _____ {occupation of person making declaration}

sincerely declare as follows:

{insert above the content of the statutory declaration; use numbered paragraphs if content is long}

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

At _____ {place}

On _____ {date}

By _____ {Signature of person making the declaration}

In the presence of

_____ {Signature of authorised witness}

_____ {Name of authorised witness}

_____ {Qualification as such a witness}

***Important - This Declaration must be made before any of the following persons:**

Academic (post-secondary institution)	Local government councillor
Accountant	Loss adjuster
Architect	Marriage Celebrant
Australian Consular Officer	Member of Parliament
Australian Diplomatic Officer	Minister of religion
Bailiff	Nurse
Bank Manager	Optometrist
Chartered secretary	Patent Attorney
Chemist	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public Notary
Doctor	Public Servant (State or Commonwealth)
Electorate Officer (State – WA only)	Real Estate agent
Engineer	Settlement agent
Industrial organisation secretary	Sheriff or deputy Sheriff
Insurance broker	Surveyor
Justice of the Peace (any State)	Teacher
Lawyer	Tribunal officer
Local government CEO or deputy CEO	Veterinary surgeon

Full descriptions of these professions are available via the following website link

http://www.courts.justice.wa.gov.au/files/Professions_witness_statutory_declarations.pdf

Or

any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing - Schedule 2, item 231 of the *Statutory Declarations Regulations 1993 (Commonwealth)*.

Further information on witnessing documents is available at
www.courts.justice.wa.gov.au.