

<input type="checkbox"/>	Under-employed	Average hours worked p/week:		
<input type="checkbox"/>	Temporarily stood-down	Date of stand-down:		
<input type="checkbox"/>	Income has been reduced <i>Please provide details in the Financial Information section below.</i>			
<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"/>	Death in the family			
<input type="checkbox"/>	Family or domestic violence			
<input type="checkbox"/>	Other <i>(Please provide details)</i>			

CURRENT FINANCIAL INFORMATION

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

INCOME <i>Please provide <u>monthly</u> Net Income</i>		Ratepayer 1	Ratepayer 2
<input type="checkbox"/>	Wages / Salary	\$	\$
<input type="checkbox"/>	Pension or other Government Benefit (i.e. 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)	\$	\$
Office Use ONLY		Calculate Total Monthly Income	
		\$	
If Reduced Income is a reason for this Financial Hardship Application, please complete:		Ratepayer 1	Ratepayer 2

	<p>This option may be suitable if you are <u>temporarily</u> unable to work or <u>temporarily</u> have reduced income and you <u>know</u> when your circumstances will return to normal.</p> <p><u>DO NOT select this option</u> 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 of Cockburn may initiate debt collection proceedings.</p>	
	<p>Please defer my rates debt DUE DATE to:</p>	<p><i>(Write date here)</i></p>

DECLARATION

I/We declare that the information provided in this Financial Hardship Application is accurate and I will advise the City of Cockburn if there is any change to my / our financial circumstances that impacts my/our ability to adhere to the payment plan.

Ratepayer 1 Signature		Date:	
Ratepayer 2 Signature		Date	