FINANCIAL HARDSHIP APPLICATION

The City of Cockburn has adopted a Financial Hardship Policy to support and assist those in our community that may be suffering financial hardship or other life events that impact a person's capacity to pay their Rates and Service Charges. 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 a rates payment plan agreed between you and the City of Cockburn and if there is extreme financial hardship, penalty interest will not be applied for the financial year that the application is approved.

A new application must be submitted each financial year.

The City of Cockburn 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 of Cockburn's Financial Hardship Policy. You can read the Financial Hardship Policy on our website Policy or request a copy from our Rates Section.

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

APPLYING FOR FINANCIAL HARDSHIP

Do you need help to make an application?

Contact our Rates Section on (08) 9411 3467 and one of our team will assist you.

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.

Supporting Documentation Required

Documentation needs to be provided in support of your application to enable it to be assessed. The application will not be assessed without the following documentation:

Employment and income details

- Centrelink payment evidence
- Letter from your employer / recent payslips

Expenditure and financial situation

- Letter from financial counsellor, confirming financial circumstances.

Health or other situations

- Letter from medical practitioner

As part of your application for financial hardship, you will be required to undertake financial counselling to determine your capacity to pay and to provide a copy of this information to the City.

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@cockburn.wa.gov.au or mail to PO Box 1215 Bibra Lake DC WA 6965

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 or Phone 08 9220 7555, Free call 1800 117 000 or email mail@ombudsman.wa.gov.au

RATEABLE PROPERTY DETAILS

Address:				
	Suburb:		Postcode:	
Property Number *(if known)*				
Outstanding Rate Account Balance *(if known)*	$			
Is the property owner / occupied or is it rented?	☐ Owner/Occupied			
	☐ Tenanted Rental			
	☐ Untenanted Rental			
If the property is rented, do you have an Agent? If Yes, please provide the Agents Name	☐ Yes ☐ No – it is self managed Managing Agent:			

APPLICANT DETAILS

Ratepayer 1				
Company Name				
Surname:		**First Name:**		
Residential Address:				
	Suburb:		Postcode:	
Postal Address				
	Suburb:		Postcode:	
Email:				
Telephone:		Mobile:		

Ratepayer 2 *(if applicable)*				
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 of Cockburn regarding your financial hardship application and rates debt:

Agency Name:			
Contact Surname:		**First Name:**	
Contact Address:			
	Suburb:	Postcode:	
Email:			
Telephone:		Mobile:	

RATE CONCESSION ENTITLEMENT

You may be entitled to a Rates concession or deferment.

Applicant 1	Applicant 2	Do currently you 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 <u>not</u> eligible under the Financial Hardship Policy.*		☐Yes / ☐No	☐Yes / ☐No
Have you liaised with your bank or financial institution regarding your financial situation and outstanding rates?		☐Yes / ☐No	☐Yes / ☐No
Please select all applicable reasons from the list below:			
☐	**Unemployed** Date employment ceased:		

☐	**Under-employed** Average hours worked p/week:		
☐	**Temporarily stood-down** Date of stand-down:		
☐	**Income has been reduced** *Please provide details in the Financial Information section below.*		
☐	**Unable to work due to responsibilities as a carer**	*Please attach copy of letter from medical practitioner*	
☐	**Unable to work due to physical or mental health diagnosis**		
☐	**Death in the family**		
☐	**Family or domestic violence**		
☐	**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**
☐ **Wages / Salary**	$	$
☐ **Pension or other Government Benefit** (i.e. JobSeeker)	$	$
☐ **Interest or earnings from banks, financial institutions or dividends**	$	$
☐ **Compensation, superannuation, insurance or retirement benefits**	$	$
☐ **Child Support Payments**	$	$
☐ **Rental income**	$	$
☐ **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**

	Previous monthly income:	$	$
	Date that reduced income occurred:	/ /	/ /
	Current monthly income:	$	$
	Is the reduction in your income temporary?	☐Yes / ☐No	☐Yes / ☐No
Office Use ONLY	Calculate Monthly Income Reduction	$	

			$ Amount per month
	EXPENSES *Please provide **monthly household expenditure** as a total for all applicants :*		
☐	**Mortgage / Home Loan**		$
☐	**Other Mortgages / business loans**		$
☐	**Lease / rental payments**		$
☐	**Other loans**		$
☐	**Credit Card/s**		$
☐	**Utilities**	**Power**	$
		Water	$
		Internet	$
		Phone/s	$
☐	**Insurances**		$
☐	**Food and living expenses**		$
☐	**Motor vehicle expenses** *(licensing, repairs, fuel)*		$
☐	**Entertainment** *(streaming services / eating out, etc)*		$
☐	**Other expenditure?** *(Please provide details)*		$
Office Use ONLY	Calculate Total Monthly Expenditure		$

SUPPORTING DOCUMENTS

Please provide copies of documents you may have to support this application.

☐	**Letter from financial counsellor, confirming financial hardship circumstances – MANDATORY REQUIREMENT**
☐	**Letter from medical practitioner**
☐	**Centrelink payment evidence**
☐	**Letter from your employer / recent payslips**
☐	**Letter from another agency that has deemed you to be in financial hardship** *i.e. your bank, superannuation fund or utility provider*
☐	**Statutory declaration from a professional familiar with your financial circumstances** *i.e. family doctor, accountant*
☐	**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.

☐	**OPTION 1 Regular Payment Plan**			
	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.			
	Proposed Payment Amount:	$		
	Proposed Payment Frequency	☐ Weekly	☐ Fortnightly	☐ Monthly
		☐ Bi-monthly	☐ Quarterly	
	Proposed Start Date:			

☐	**OPTION 2 Defer Payment in Full**
	Nominate a date on which you will pay your rates debt in full.

	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. **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 of Cockburn may initiate debt collection proceedings.	
	Please defer my rates debt DUE DATE to:	*(Write date here)*

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**	