**APPLICATION FOR ASSISTANCE FORM**

**ASSESSMENT SUMMARY – Please ensure all sections are completed.**

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| **Property Number** |  |
| **Property Address** |  |
| **Ratepayer Name/s** |  |
| **Contact Details** | Phone:Mobile: Email: |
| **Property Classification** | Residential: Y / N Principle Place of Residence: Y / N  |
| **Total Debt Amount** | $ |
| **Financial Assessment** | Has supporting documentation from a financial counsellor or other qualified person (accountant, auditor, bank manager) been supplied? Y / N *\*Supporting documentation* ***must*** *be supplied for consideration.* |

**PROVIDE DETAILS AS TO WHY RATES AND CHARGES HAVE REMAINED UNPAID / REASON DEFERRAL OF PAYMENT OR EXTENDED PAYMENT ARRANGEMENT IS REQUESTED**

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**Declaration**

It is hereby declared that:

* I am / We are experiencing financial hardship.
* I am / We are not bankrupt or subject to a bankruptcy petition.
* I / We will advise the City of Cockburn if there are any changes to my / our financial circumstances.

If an extended payment arrangement is being sought (non-deferral):

* I / We will agree to and maintain a suitable payment arrangement.
* I / We will contact the City to request an alternative arrangement if having difficulty maintaining the agreed arrangement

**Applicant 1**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant 2**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_