



## FINANCIAL HARDSHIP APPLICATION

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### INTRODUCTION

This form is to be completed by property owners wishing to apply for Hardship Rate Relief.

Before making an application you should carefully read the conditions set out below.

If you need more information please contact Council's staff on (02) 4868 0742.

### CONDITIONS

At the time you make this application and at the date you lodge the application you must be the registered owner of the property and the dwelling must be your sole or principal place of living.

You must be in serious financial difficulty.

The Council will decide if you qualify by considering the information you put in this application.

The application must be on the prescribed form, which commences on the next page.

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## FINANCIAL HARDSHIP APPLICATION

*Please use block letters and tick appropriate boxes*

Property No. \_\_\_\_\_

I, \_\_\_\_\_  
(full name in block letters)

of \_\_\_\_\_, NSW, \_\_\_\_\_  
(Address)

telephone number \_\_\_\_\_

hereby apply for financial assistance under Council's Hardship Rate Relief Policy. For the purpose of this application, I state the following information, which I believe to be true and correct:

### PENSION/BENEFIT DETAILS

(a) Do you receive any pension or benefits? Yes ☐ No ☐

If "Yes", state what pension or benefit you receive and how much you receive per fortnight.

Type of Pension / Benefit

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Do you have a current Pensioner Concession Card? Yes No

If "Yes", state Card No. \_\_\_\_\_

Date of grant of Card \_\_\_\_\_



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### OWNERSHIP OR RESIDENCY DETAILS

- (a) Is this property your sole or principal place of residence? Yes ☐ No ☐
- (b) Do you rent the property? Yes ☐ No ☐
- (c) Do you own the property?
- (i) by yourself? Yes ☐ No ☐
- (ii) with a spouse? Yes ☐ No ☐
- (iii) with other person/persons Yes ☐ No ☐

If items (ii) and/or (iii) is "Yes", state name(s) and address(s) of other owner(s) and the proportion of ownership held by each person.

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- (d) Is the property owned as shares in a company title Yes ☐ No ☐

- (e) How many people live at the property? \_\_\_\_\_

*\* Indicate by ticking*

Self

Spouse

Children (*state ages* \_\_\_\_\_)

Others *\* Insert number*

Boarders

Relatives



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- (f) Do you own or have an interest in any other land or buildings within Wingecarribee or any other Council area? Yes ☐ No ☐

If "Yes", state address(es)

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### OTHER DETAILS

(a) How many children do you support? \_\_\_\_\_ (state ages \_\_\_\_\_)

(b) What is the cause of financial hardship? \_\_\_\_\_

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How long have you been under significant financial hardship?

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## FINANCIAL HARDSHIP APPLICATION

### INCOME

(State gross **fortnightly** amount received in dollars and cents)

- (a) How much do you receive in pension and benefits? \$\_\_\_\_\_
- (b) How much do you receive in compensation, superannuation, insurance or retirement benefits? \$\_\_\_\_\_
- (c) Spouse's income per fortnight (if any) \$\_\_\_\_\_
- (d) State income of any other member of the family or other person residing at the property per fortnight (include pensions or other benefits) \$\_\_\_\_\_
- (e) Other sources of your income  
(ie full/casual/part time employment, etc) \$\_\_\_\_\_
- (f) Family allowance \$\_\_\_\_\_
- (g) Name and current balance of any bank, building societies, credit union, savings accounts, etc \$\_\_\_\_\_

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- (h) Interest from banks, credit unions, building societies, investments etc \$\_\_\_\_\_



## FINANCIAL HARDSHIP APPLICATION

### OUTGOINGS

(State **fortnightly** payment, nature of commitment and to whom the amount is owed)

(a) Rent or Home Loan \_\_\_\_\_  
\$ \_\_\_\_\_

(b) Second and other Mortgages \_\_\_\_\_  
\$ \_\_\_\_\_

(c) Personal Loans/Hire Purchase (not Credit Cards or Charge Cards)  
\$ \_\_\_\_\_

(d) Health Costs (where there is serious illness) \_\_\_\_\_  
\$ \_\_\_\_\_

(e) Essential Living Expenses (eg. food, utilities eg gas/electricity)

Food	\$ _____
Gas/Electricity	\$ _____
Other (please provide details) _____	\$ _____

(f) Council Rates and Charges (amount now due) \_\_\_\_\_ \$ \_\_\_\_\_

### OTHER RELEVANT INFORMATION

(To be completed if you feel it will assist your application)

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## FINANCIAL HARDSHIP APPLICATION

If you make a false statement in an application  
you may be guilty of an offence and fined up to \$2,000.

### PRIVACY

The information in your application and any information the Council obtains confirming your eligibility for financial assistance is private and confidential. Council's employees and any other people dealing with your application are instructed to keep it confidential. If they do not, they may be guilty of an offence.

### AUTHORITY FOR INFORMATION CONFIRMING ELIGIBILITY

I authorise the Council to receive, and the relevant Government Departments to give to the Council, information which is necessary for the Council to decide whether I am eligible for financial hardship assistance in relation to the property which I have given as my address.

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*(Applicant's Signature)*

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*(Date)*

**You should now submit this application form to the Council for its consideration. The Council will advise in writing of its decision as soon as practicable.**