# **Colac Otway Shire**

١,



## Application for Assistance to Rates Debtor Due to Financial Hardship (pursuant to Council Policy 11.4 – Assistance to Rates Debtors in Financial Hardship)

# Statutory Declaration of Applicant

.....

	(Print full name of applicant)	
Of	(Address of applicant)	
Phone:	Home:	Work:
	Mobile:	
	E-mail:	
	apply for assistance with payment of ed by me:-	municipal rates for the following property, which
on the	grounds that I am experiencing financ	ial hardship.
	ement to repay the principal amount o	given on the basis that I will make an utstanding within the time frame agreed to in this
		rrangement may result in interest that has been g referred to Council's debt collectors.
<ul> <li>(a) that</li> <li>(b) that</li> <li>ex</li> <li>(c) that</li> <li>(d) that</li> <li>of</li> <li>(e) that</li> <li>real</li> </ul>	penditure is true and correct at I will advise Council as soon as pos e term of this agreement at I acknowledge I may be required to this application	elation to personal details, income and sible if I decide to sell the above property during provide personal financial information in support ssed by suitably qualified non Council staff if
Declare	ed at	by
On	day of 20.	
Signed	(signature of applicant)	Before me:

## PERSONAL PROFILE

Name:	
Address:	
Age:	
Number of	Ages of Dependants:
Dependants	<b>5</b>
How many	Total Household Income p.a.
income earners in	\$
the house	
Number of School	
Age Children	
School/s	
Attended	

## AMOUNT OF DEBT TO COUNCIL

Property Address	
Rates	
Interest	
Arrears	
Other Charges	
Special rate/charge	
TOTAL	

#### **EMPLOYMENT STATUS**

Current Status	Employed	Unemployed	On pension	Other
	If employed complete the next section			
Occupation:				
Employer				
Employer's Address Period Employed				
Nature of Employment	Full Time	Part time	Casual	Other
Source of Income If NOT employed				

## WEEKLY INCOME

# This section identifies your sources of weekly income

Source of weekly Income	Amount	As evidenced by:	Sighted
Gross Wage	Amount	Pay advice	Signed
Less tax		Pay advice	
Less deductions (list)			
- Superannuation		Bay advice	
- Medicare		Pay advice	
- Medicale			
-			
-			
Average amount weekly			
overtime (\$) available			
NETT weekly wage	\$		
, <u>,</u>	Ŷ		
Other Income			
Shares income			
Interest on Investments			
Interest on Investments			
Loan Repayments (to			
you)			
Business Dividends			
Other (please list)			
Other (please list)			
TOTAL WEEKLY INCOME			
WEEKLY EXPENSES			
Type of expense	Amount	As evidenced by:	Sighted
Mortgage (this property)	Amount	Statement from bank	olgited
Mortgage (other			
properties)			
Car repayments		Payment records	
Insurance - car			
Petrol			
Credit card repayments		Account from supplier	
Gas		Account from supplier	
Electricity		Account from supplier	
Water rates		Account from supplier	
Insurance -house			
Food			
Groceries (excl food)			
Clothes/shoes			
Phone			
Internet			
Child care (nett cost)			
School Fees			
Medical Insurance			
Dental Insurance			
Pharmaceuticals			
Alcohol/cigarettes List other expenses			
	1		

#### ASSETS This section identifies all assets you own or have an interest in

Type of Asset	Description/Address/Model /Amount etc	Current value
House		
Car		
House furniture		
Other real estate (list)		
Share portfolio		
Term Deposits		
	Maturity Date:	
Bank Account	Pls provide balance	
Interest in businesses etc	List business and extent of your interest	

## LIABILITIES This section identifies major debts you have

Type of Liability	Description/Creditor/etc	Balance owing
Mortgage -		
house		
Mortgage – other		
real estate		
interests		
Car Loan		
Credit cards		
Personal loans		
Family loans		
Other – (list)		

## ANTICIPATED SOURCES OF INCOME -list any abnormal sources of income you expect in

the next 12 months (eg: tax returns, inheritance , Family Law, TAC settlement etc)
Source of Income

Mhen Due
Amount

ADDITIONAL INFORMATION -

- Please attach any additional information you believe is relevant to your application.

#### **REPAYMENT OFFER**

Based on the above information, I offer to make payments of \$..... on a

weekly / fortnightly / monthly basis towards payment the above debt. (cross out those not applicable)

Signed: (Signature of applicant)

**Dated:** / / 20