



# Hardship Rate Relief Application

For the whole or part of the year commencing 1 July 20\_\_

Approved by the Director General of the Department of Local Government, in accordance with Clause 135 of the Local Government (General) Regulation 2005, under the Local Government Act 1993.

Government	
Council	
Total	
Officer	

Please answer all questions relevant to your application by using block letters and ticking appropriate boxes.

## Declaration

Rates Account Number

I,   
*Full Name*

of   
  
  
*Address*

Telephone No  apply for a pension concession on the basis of financial hardship.

Property Description (*Lot DP/SP as shown on Rate Notice*)

1. Do you receive any pensions or benefits?  Yes  No

If Yes, please provide type of pension and amount received per fortnight.

Pension  Amount \$

2. Do you have a current Pensioner Concession Card issued by the Commonwealth Government?  Yes  No

PCC No  Card Start

OR

I am NOT the holder of a Pensioner Concession Card (PCC) as my pension is issued by the Department of Veterans Affairs.

Pension No  Date of Grant

3. Have you claimed a Pensioner Concession on any other property this financial year?  Yes  No

If YES, please state the address of the other property.

Suburb  State

4. The property for which I am claiming has been my sole/principal place of living since

**Please provide Council with a Photocopy of both sides of your current pensioner concession card/s with your application.**

5. What is the cause of your financial hardship?


6. How long have you been experiencing hardship?

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7. Please state gross weekly amount received in dollars and cents from the following sources of income

a) Pensions and Benefits	\$
b) Compensation, Superannuation Insurance or Retirement Benefits	\$
c) Spouse's income	\$
d) Other residents of the property	\$
e) Casual/part-time employment	\$
f) Family Payment - Centrelink	\$
g) Interest from Banks/Credit Unions/Building Societies	\$

8. Please provide name and current balance of all Bank, Credit Union or Building Society accounts held by you.


9. Please state details of weekly outgoings

Outgoing	Owed to	Amount
Rent / Home Loan		\$
Other Mortgages		\$
Personal Loans/ Hire Purchase		\$
Health Costs		\$
Council Rates and Charges		\$
Total		\$

Please attach a separate page with any other relevant information you feel may assist your application

**I, HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT**

Signature

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Date

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If you make a false statement in your application you may be guilty of an offence and fined up to \$2,200.00.

## Applicant Consent

This consent will be used for the sole purpose of authorising Centrelink to provide information to Canterbury-Bankstown Council ("the Council") to assess your eligibility in relation to concessions for services provided by Council.

I

(Full Name)

- Authorise Council to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink or Department of Veteran's Affairs Customer details and concession card status in order to enable the Council to determine if I qualify for a concession; and
- Authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to the Council. This involves electronically matching details I have provided to the Council with Centrelink or Department of Veteran's Affairs (DVA) records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

I understand that the department will use information I have provided to the Council to confirm my eligibility for the concession and will disclose to the Council personal information including my name, address, payment and concession card type and status

I understand that this consent, once signed, remains valid while I am a customer of the Council unless I withdraw it by contacting the Council or the department.

I can obtain proof of my circumstances/details from the department and provide it to the Council so that my eligibility for the concession can be determined.

I understand that if I withdraw my consent, or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession provided by the Council.

I also understand that this consent, which is ongoing, can be revoked any time by giving notice to the Council.

I agree that, unless I revoke my consent, this Applicant Consent record is permanent consent, and may be relied on by the Council until such time as I revoke it.

I acknowledge I have read and understood this Customer Consent record.

Signature

Date

Signature

Date

## Privacy and Personal Information Protection Act 1998

### Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for a Hardship Rate Relief Concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for a Hardship Rate Relief Concession can be processed. The information is private and confidential and Council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact the Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.

## Purpose of this form

This form is to be completed by Ratepayers wishing to receive a concession on Council Rates and eligible Ratepayers are entitled to receive up to \$250.00 on ordinary rates and charges for domestic waste management services.

Generally, the concessions are available to eligible pensioners, however concessions may be granted to Ratepayers suffering financial hardship in certain circumstances.

The information provided by completing this form will enable Council to determine eligibility to receive a concession and the level of concession the Ratepayer is entitled to.

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