

## APPLICATION FORM FINANCIAL HARDSHIP APPLICATION FORM 226

The Shire of Dardanup ('Council') has adopted CP098 Financial Hardship Policy as we know many in our community may be suffering financial hardship that impacts their capacity to pay their Rates and/or Sundry Debtor Account/s.

Council wants to ensure that eligible Ratepayers and Sundry Debtors can apply and be considered for assistance to meet their payment responsibilities.

A successful application will result in a payment plan being agreed between you and the Shire of Dardanup.

The Shire of Dardanup expects that Ratepayers and Sundry Debtors 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 or Sundry Debtor experiencing difficulties in meeting their financial commitments are 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 Shire of Dardanup's Council Policy - Financial Hardship Policy for Rates and Sundry Debtors. A copy of our Financial Hardship Policy for Rates and Sundry Debtors can be found on our website <https://www.dardanup.wa.gov.au/council/publications-reports/> or you can request a copy by email from [Rates@dardanup.wa.gov.au](mailto:Rates@dardanup.wa.gov.au). After you submit an application, we will contact you if we require further information.*

### DO YOU NEED HELP TO MAKE AN APPLICATION

*Contact our Rates team on (08) 9724 0371 or via email at [Rates@dardanup.wa.gov.au](mailto:Rates@dardanup.wa.gov.au) and one of our staff will be able to assist you. We can assist you over the phone, via email or a face-to-face appointment.*

### PRIVACY AND CONFIDENTIALITY

*We understand that the information in this application may be of a sensitive nature, and we will treat it as confidential and only use this information for making decisions regarding your rates and/or sundry debt.*

### 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.*

*If you are still unhappy with the decision or outcome of your appeal, you can seek advice from Ombudsman WA – check the website [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) or free call 1800 117 000 or via email at [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au)*

Please note, if you are applying for assistance for more than one property, you must complete a separate application form for each property, as the nature, type and ownership of each may differ.

Council will advise you in writing of the outcome in due course.

Please attach all additional documents requested. Failure to do so may result in the application being refused.

1. APPLICANT DETAILS		
Ratepayer / Sundry Debtor 1		
Surname/Organisation Name		
Given Names		
Trading Name (if applicable)		
Residential/Business Address		
	Town/Suburb: Postcode:	State:
Postal Address		
	Town/Suburb: Postcode:	State:
Contact Number		
Email		
Preferred Method of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> Email	
Ratepayer / Sundry Debtor 2		
Surname/Organisation Name		
Given Names		
Trading Name (if applicable)		
Residential/Business Address		
	Town/Suburb: Postcode:	State:
Postal Address		
	Town/Suburb: Postcode:	State:
Contact Number		
Email		
Preferred Method of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> Email	

2. NOMINATE AN AUTHORISED AGENT		
You can authorise another person to deal with Council regarding your financial hardship application and rates/sundry debt.		
Agency Name		
Contact Name		
Contact Address		
	Town/Suburb: Postcode:	State:
Contact Number		
Email		
This application relates to:	<input type="checkbox"/> Rates (continue to Question 3) <input type="checkbox"/> Sundry Debts (Continue to Question 4)	



3. PROPERTY DETAILS	
Assessment Number	
Address of Rated Property	
Is the property owner occupied or is it rented?	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenanted Rental <input type="checkbox"/> Untenanted Rental
If the property is rented, how is it managed?	<input type="checkbox"/> Managing Agent – Name: _____ <input type="checkbox"/> Privately Managed
If you are the lessee of the rateable property, what type of lease do you hold?	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Mining Tenement <input type="checkbox"/> Peppercorn <input type="checkbox"/> Other Applicable Contract

4. FINANCIAL HARDSHIP			
	Please tell us about your financial position by indicating reason/s below:	Applicant 1	Applicant 2
<input type="checkbox"/>	Have you petitioned for bankruptcy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Is your financial hardship caused by the impacts of COVID-19? Reason:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Unemployed - Date employment ceased:		
<input type="checkbox"/>	Under-employed - Average hours worked per week:		
<input type="checkbox"/>	Income has been reduced - Details of income reduction:		
<input type="checkbox"/>	Other – Details required:		
<input type="checkbox"/>	In your opinion, is it like you are experiencing - Temporary Financial Hardship; OR - Ongoing Financial Hardship.	<input type="checkbox"/> Temporary Financial Hardship  <input type="checkbox"/> Ongoing Financial Hardship	<input type="checkbox"/> Temporary Financial Hardship  <input type="checkbox"/> Ongoing Financial Hardship
<input type="checkbox"/>	Please indicate if you are able to commit to a payment arrangement plan.  If yes, our rates team will contact you to discuss a suitable payment arrangement and complete an Application Form – Direct Debit (Form 24).	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No



5. SUPPORTING DOCUMENTATION	
Please provide any relevant documentation from the list below to support your financial hardship application.	
Note that Council may request additional information from applicants if it considers it necessary to do so.	
<input type="checkbox"/>	Letter from financial counsellor confirming financial hardship circumstances
<input type="checkbox"/>	Letter from medical practitioner
<input type="checkbox"/>	Centrelink payment evidence
<input type="checkbox"/>	Letter from your employer / recent payslips
<input type="checkbox"/>	Letter from another agency that has deemed you to be in financial hardship (ie your bank, superannuation fund or utility provider)
<input type="checkbox"/>	Statutory declaration from a professional familiar with your financial circumstances (ie family doctor, accountant)
<input type="checkbox"/>	Business Cash-flow Forecast
<input type="checkbox"/>	Other (please advise)

6. DECLARATION			
By signing this application for Financial Hardship, I hereby certify:			
<ol style="list-style-type: none"> <li>1. That the information provided is true and correct and there have been no misrepresentations or omissions of fact that would otherwise influence the review and decision of the Shire of Dardanup; and</li> <li>2. I am authorised to sign this form as the ratepayer or sundry debtor as detailed above; and</li> <li>3. I have read and understand the Council Policy CP098 – Financial Hardship Policy for Rates and Sundry Debtors</li> </ol>			
Ratepayer / Sundry Debtor 1 / Authorised Person		Date:	
Ratepayer / Sundry Debtor 2 / Authorised Person		Date:	
Company Name:			
Position:			
Signed:		Date:	
OR (see next page)			



If Financial Hardship Application taken over the phone and completed on behalf of Ratepayer / Sundry Debtor:

Rates Officer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Coordinator

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Processing Your Application

Once you have completed this form please forward it to:

Via Email: [rates@dardanup.wa.gov.au](mailto:rates@dardanup.wa.gov.au)

Or

Via Mail:

Shire of Dardanup

PO Box 7016

Eaton WA 6232

If you have any questions regarding your application, please contact our Rates Team on (08) 9724 0371 or email:

[rates@dardanup.wa.gov.au](mailto:rates@dardanup.wa.gov.au)

Thank You

**Please ensure all six pages are returned together.**

<b>7. OFFICE USE ONLY</b>	
To be completed by Council's Rating Services team member.	
Assessment Number or Debtor Number:	<input type="checkbox"/> Assessment Number _____ <input type="checkbox"/> Debtor Number _____
Recommend for Approval:  Application Assessed by:	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Rates Officer Signed: _____ Date: _____ <input type="checkbox"/> Finance Coordinator Signed: _____ Date: _____ As Recommending Officer I hereby declare no Conflict of Interest exists in the assessment of this application.
Financial Hardship Application Approved:  Application Approved by:	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Finance Coordinator; or <input type="checkbox"/> Accountant; or <input type="checkbox"/> Manager Financial Services Signed: _____ Date: _____ As Approval Officer I hereby declare no Conflict of Interest exists in the approval of this application.
Payment Plan Arrangement?  Form 24 Application Form Direct Debit Received?	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No Other Information:
Memo Recorded on Assessment/Debtor:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
FH Register Updated:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Entered By:	
Date:	

