District Council of ELLISTON

PO BOX 46 ELLISTON SA 5670
PHONE: (08) 8687 9177
EMAIL: DCE@ELLISTON.SA.GOV.AU

EF021: Application Form

Financial Hardship Assistance

The District Council of Elliston is committed to assisting customers who are experiencing financial hardship managing their bills on an ongoing basis and making payments in a manner that is mutually acceptable. The Council aims to help residents to clear their outstanding and ongoing Council debts in a planned and efficient manner, in accordance with government legislation.

The information provided is required to assist Council to assess your application and consider possible pathways for the treatment of collections.

Applicant

Full Name:	
Date of Birth:	
Postal Address:	
Mobile:	
Email:	

Payment Arrangement\Postponement Criteria

In assessing a ratepayer's eligibility for hardship assistance, Council will consider indicators including (but not limited to) whether the ratepayer: (Please tick all that apply)

☐ holds a Services Australia (Centrelink) low-income health care card or pensioner concession card;

☐ has a payment history that indicates they have had difficulty meeting their rate notice obligations in the past;

☐ through self-assessment, has identified their position regarding their inability to pay;

☐ has identified other personal circumstances they may choose to disclose in support of their application.

☐ Please provide supporting documentation you may have to assist with our determination.

Please note that any applications for payment arrangements that will not clear the outstanding debt in a reasonable timeframe may not be approved.

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Council Rates Hardship

If your application is for hardship of Council Rates, please complete this Section.

Assess No:			
Property Address:			
Owner(s) full name(s):			
Capital Value:			
Balance of Rates:			
Balance of Mortgage:			
Is the property for which you are applying for rate relief your principal place of residence?		Yes	No
Is the property for which you are applying for rate relief your principal place of business?		Yes	No
Do you hold or have you applied for State Government or Federal Government hardship support?		Yes	No
How long have you owned the property?			Years

Details of other Council Debt

If your application is for hardship of a debtor account to the Council, please complete this section.

Debtor No:	Debt type:	Balance:

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Hardship Request

Please outline the assistance you are seeking from this hardship assistance application.

☐	Long Term Payment Plan		
Can you afford to make regular payments:	☐ Yes	☐ No	
If Yes, how much can you afford to pay:	$		
Payment frequency:	☐ Weekly	☐ Fortnightly	☐ Monthly
Date commencing:			

☐	Postponement of Council Rates	
Postponement amount:	$	
Postponement timeframe:	☐ 3 Months	☐ 6 Months
Date Commencing:		
☐	Postponement of Debt	
Postponement amount:	$	
Postponement timeframe:	☐ 3 Months	☐ 6 Months
Date Commencing:		

Please outline the reasons for your hardship assistance application below:

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Financial Position

Applicants applying for hardship assistance with the assistance of an accredited Financial Counsellor or Agency are requested to supply the following documents with this application:

- Authority to act for accredited Financial Counsellor
- Income and expenditure statement completed by accredited Financial Counsellor
- Completed application and signed declaration

If you are completing this application without the assistance of a Financial Counsellor or Agency, please complete the following to verify your financial position.

Income (fortnightly)	$AUD
Salary or Wages	
Pensions or Annuity Payments	
Other Government Payments	
Rental Income	
All Other Income	
Total Fortnightly Income	
Expenses (fortnightly)	$AUD
Mortgage (or Interest) Payments	
Food	
Motor Vehicle Expenses	
Utilities (Electricity, Water, Gas)	
Council Rates	
Other Loan Repayments	
Credit Card Repayments	
Other Expenditure	
Total Fortnightly Expenses	
Balance	

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Declaration

Please complete the following declaration for hardship assistance:

☐	I understand the above application applies to hardship assistance
☐	If the grounds for this application cease to exist, I must advise Council
☐	I understand that any outstanding debt is payable in the future
☐	I declare that the information I have provided in this application is true and correct to the best of my knowledge

Signed:	
Name:	
Date:	

If applicable:

Accredited Financial Counsellor or Agency Name:	
Accredited Financial Counsellor or Agency Signature:	
Phone:	
Date:	

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Lodging

Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application to Council. All applications are to be submitted to dce@elliston.sa.gov.au and marked as confidential, or mailed to;

The District Council of Elliston
Confidential; Rates Officer
PO Box 46
Elliston SA 5670

Applications are treated confidentially and on a case-by-case basis. If you are applying with the assistance of an Accredited Financial Counsellor or Agent, please also fill in the relevant information contained in this form. If you require further information regarding the application and its process, please contact the Council via the above contacts