

Application for assistance due to Financial Hardship

I wish to apply for financial hardship assistance:

Property ID:

Property Address:

APPLICANT DETAILS

Please provide full name and address details for all owners. If there is insufficient space, please attach a separate sheet to this application

Given Name/s:

Surname:

Address:

Contact Details

Mobile:

Home:

Work:

Mobile:

Home:

Work:

Email:

Email:

A) CRITERIA ASSESSMENT FOR WAIVER OR DEFERMENT OF RATES

	Yes/No	Comment if required
Have you sought advice from a Financial Counsellor		
If, yes please attached details, If no complete section (B) below		
Is this the house where you live?		
Do you owe rate money for more than one year?		
Can you make regular small payments?		
Are you planning on selling your property in the short term?		
Are you working? If No, when last employment ceased		
Are you receiving an aged pension, veterans pension or a disability pension from Centrelink? If yes, please specify		

B) Provide a evidence or a description of your severe financial circumstances

(e.g. employment, illness etc. Please attach additional information if more space is required)

OFFICIAL

[illegible]

I certify that the information provided is true and correct.

Signature of applicant/s:

X
X

Date:

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Any information provided in accordance with the Policy will be treated as strictly confidential

LODGEMENT OF FORM

Email

caseycc@casey.vic.gov.au

In Person

Bunjil Place
2 Patrick Northeast Drive
Narre Warren

Mail

City of Casey Council
PO Box 1000
Narre Warren 3805