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# HARDSHIP RATE RELIEF APPLICATION FORM

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.

# APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20\_ \_

*please answer all questions relevant to you using block letters and ticking appropriate boxes.					
Pro	perty No				
I,					
		(Full name in block lette	rs)		
of					
		(Address)			
telephone numberapply for a concession on the basis of financial hardship.					
Property Description (Lot/Plan)(office use only)					
		`	,		
Plea	ise select yo	our proposed hardship assistance:			
		Payment Arrangement – Section 564 (must con	mplete Question 16	6)	
		Deferred Rates Increase above CPI – Section	564		
		Deferred Rates Against the Estate – Section 56	64		
		Writing Off Accrued Interest and Costs – Section	on 567		
		Pensioner Concession – Section 575			
		Hardship Resulting from Certain Valuation Cha	nges – Section 60	1	
1)	Do you re	eceive any pensions or benefits?	☐ Yes	☐ No	
	If Yes, pl	ease provide type of pension and amount receive	ed per fortnight.		
	Pension:	Amount:			
2)	Do you	have a current Pensioner Concession Card issue	ed by the		
	Common	wealth Government?	☐ Yes	☐ No	
	PCC No.	Date of	Grant <sup>.</sup>		

If Yes, state the address	of the oth					
la thia manantu vaur aala		ner property				
is this property your sole	or princi	pal place of living	g?	☐ Yes ☐ No		
The property for which I	am claim	ing has been my	sole/princ	ipal place of liv	ing since	
I am liable for the payment of rates and charges on this property, together with others as listed below. (If no others, write "SOLE OWNER")				s listed		
				i. (ALL OWNE	RS other tha	ın
Name	PCC Holder Y/N	Pension No.	Date of Grant	Relationship to me (eg: spouse, father, co- owner, etc)	Resident of Property Y/N	% of ownership
(circle whichever is applied the property owned as sh	cable). ares in a	company title?		[	☑ Yes	□ No
Are there people living at t	ne proper	ty other than tho	se listed a	t Question 5?	□Yes	□ No
Self Spouse						
	Evidence of joint owners (circle whichever is applicant should be list Name  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)  Evidence of joint owners (circle whichever is applicant should be list name)	below. (If no others, write "SOLI se provide details of all "other" perse applicant should be listed, inclu Name PCC Holder Y/N  Evidence of joint ownership is atta (circle whichever is applicable).  the property owned as shares in a you do not own or rent the property  Are there people living at the proper  Please indicate who these people at Self Spouse Children (State ages	below. (If no others, write "SOLE OWNER")  se provide details of all "other" persons indicated in a population should be listed, including your spoul in applicant in a population in application i	below. (If no others, write "SOLE OWNER")  se provide details of all "other" persons indicated in Question 5 applicant should be listed, including your spouse):  Name  PCC Holder Y/N  Evidence of joint ownership is attached/has been provided to (circle whichever is applicable).  the property owned as shares in a company title? you do not own or rent the property, please explain why you as there people living at the property other than those listed as Please indicate who these people are?  Self Spouse Children (State ages) Boarders	below. (If no others, write "SOLE OWNER")  se provide details of all "other" persons indicated in Question 5. (ALL OWNER applicant should be listed, including your spouse):    Name   PCC   Pension No.   Date of Grant spouse, spouse, spouse, father, co-owner, etc)	below. (If no others, write "SOLE OWNER")  The provide details of all "other" persons indicated in Question 5. (ALL OWNERS other that applicant should be listed, including your spouse):    Name   PCC   Pension No.   Date of Grant   Relationship to me (eg: spouse, father, coowner, etc)   Property (Father, coowner, etc)   Property (Father, coowner, etc)

9)	Do you own (either fully or partially) any other If yes, list addresses.	land or buildings?	☐ Yes	☐ No
10)	How many children do you support?	State ag	es	
11)	What is the cause of financial hardship?			
12)	How long have you been experiencing hard	lship?		
13)	Please state gross weekly amount received income:	in dollars and cents from the	e following sou	rces of
	a) Pensions and benefits	\$		
	b) Compensation, superannuation insurance or retirement benefits	\$		
	c) Spouse's income	\$		
	d) Income of other residents of the property	\$		
	e) Casual/part-time employment	\$		
	f) Family allowance	\$		
	g) Interest from banks/credit unions/building	\$		

14)	Please provide name and currently held by you.	rent balance of all bank, credit unior	n or building society accounts	
15)	Please state details of fortnigh	ntly outgoings.		
	Outgoing	Owed to	Amount	
Rent/Home Loan				
Oth	er mortgages			
Per	sonal loans/Hire purchase			
Hea	Ilth Costs			
Cou	ıncil rates and charges			
16)	Payment Arrangement – Sect	ion 564.		
	I hereby agree to pay \$	per week / fortnight /	/ month or other	
	Council commencing on/ until such time that all debts owing by me to Council are fully paid. I understand that :			
	Should I default on this arrangement, Council may take action for the recovery of outstanding monies without further notice, and all costs incurred will be added to my.			

- outstanding monies without further notice, and all costs incurred will be added to my account
- 2. That interest will/may continue to accrue on overdue amounts in accordance with the Local Government Act, 1993.

Please attach a separate page with any other relevant information you feel may assist your application and the required documentation as outlined in Tamworth Regional Council's Ratepayers Hardship Policy available from Tamworth Regional Council General Policy Register.
<ul> <li>Copy of recent bank statements for all accounts;</li> <li>Details of income and expenditure;</li> <li>Details of assets and investments;</li> <li>Letter from a recognised financial counsellor, financial planner or community funded counselling/support service provider. The aim being to ensure appropriate financial support is available to all applicants suffering financial hardship.</li> </ul>
I hereby declare that the information provided is true and correct. If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.
Signature: Date:
IMPORTANT NOTICE
CUSTOMER CONSENT  For the sole purpose of authorising the council to confirm with Centrelink whether or not the detail I have provided to the council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:
I (full name) authorise the council to confirm
with Centrelink the following details:
<ul> <li>Pension No.</li> <li>Name</li> <li>Address</li> <li>Postcode, and</li> <li>That I am a valid concessional card holder</li> </ul>
I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the council until such time as I revoke it.
I may revoke this Customer Consent record at any time by giving the council <b>written</b> notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the council.
I acknowledge I have read and understood this Customer Consent record.
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 pensioner 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 pensioner 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 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. Eligible ratepayers are entitled to receive up to:

- \$250.00 on ordinary rates and charges for domestic waste management services
- \$87.50 off their annual water rates and charges
- \$87.50 of their annual sewerage rates and charges

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 the level of concession the ratepayer is entitled to.

# الغرض من هذا النموذج

يجب إكمال هذا السموذج بواسطة دافعي الرموم البلدية، والراخين في احدادم تخفيض على رموم السمجلس البلدي. ويتق لدافعي الرموم السمؤ طين احدادم مبالع عصل إلى:

- 00, 250 \$ على السرسوم العادية والدكاليف خدمات إدارة النفايات السعسزلية
  - \$87.50
     من الرصوم السنوية وتكاليف السماء
  - 50, 87 \$ من الرحوم المنوية وتكاليف تصريف مياء السعجاري

بصفة مامة، فإن التخفيضات مناسة للمقامدين السمؤطين، ومع ذلك فقد تسلّمح التخفيضات لدافعي الرموم الذين يعانون منام ب مالية في سالات ساصة. السمطوعات السمنوفرة بإكمال فذا الموذج موف يُعل السمجلس البلدي قادرا على تحديد الأَفلية لامتلام تخفيض، ومستوى التخفيض الذي يستحقه دافع الرموم.

### 此表格的用途

此表格供希望獲得市政稅優惠的納稅人填寫。符合資格的納稅人最高可獲得以下減價優惠:

普通市政稅及垃圾管理費減價250.00澳元 年度水費及管理費減價87.50澳元 年度廢水處理稅及管理費減價87.50澳元

符合資格的福利金額取者一般可獲得這些減價優惠。但是在某些情況下,有經濟困難的納稅人也可獲得這些優惠。 在此表格內填寫的訊息可協助市政會決定該納稅人是否有資格獲得減價優惠,以及優惠的等級。

### A cosa serve questo modulo

Questo modulo deve essere riempito dai contribuenti che desiderano ricevere riduzioni sulle imposte comunali. I contribuenti che soddisfano i requisiti necessari possono ricevere le seguenti riduzioni:

- fino a \$250.00 sulle imposte comunali ordinarie e sulla bolletta per l'asporto dei rifiuti domestici;
- fino a \$87.50 sulla imposta annuale e bolletta dell'acqua;
- fino a \$87.50 sulla imposta annuale e bolletta delle fognature.

In linea generale le riduzioni vengono concesse solo ai pensionati aventine diritto ma, in alcune circostanze, possono essere estese anche ai contribuenti che si trovino in difficili situazioni economiche.

Le informazioni fornite riempiendo questo modulo consentiranno al Comune di determinare se il contribuente ha diritto alle riduzioni d'imposta e l'ammontare delle riduzioni stesse.

### OBJETIVO DE ESTE FORMULARIO

Los contribuyentes que deseen recibir una rebaja en las contribuciones municipales deben responder a este formulario. Quienes reúnan los requisitos podrán recibir hasta:

- \$250,00 en contribuciones y tarifas ordinarias por servicios de administración de desechos domésticos.
- \$87,50 de rebaja anual en las contribuciones y tarifas por agua potable.
- \$87,50 de rebaja anual en las contribuciones y tarifas por alcantarillado.

En general, las rebajas están a disposición de los pensionados que reúnan los requisitos. Sin embargo, se podrán conceder rebajas a los contribuyentes que pasen por privaciones económicas en ciertas circunstancias.

La información que se proporcione respondiendo a este formulario permitirá al municipio determinar tanto si el contribuyente reúne los requisitos para recibir una rebaja como el monto de la rebaja a la cual tendrá derecho el contribuyente.

## MỤC ĐÍCH CỦA ĐƠN NÀY

Đơn này cho những người đóng thuế địa phương muốn xin giảm thuế và lệ phí. Những người đóng thuế và lệ phí địa phương có thể được giảm đến:

- \$250 cho thuế địa phương thường và lệ phí cho dịch vu đô rác
- \$87.50 cho tiền nước và lệ phí hàng năm
- \$87.50 tiền cổng rành và lệ phí hàng năm

Nói chung, những người hội đủ điều kiện đề lãnh trọ cấp xã hội được giảm thuế và lệ phí địa phương, tuy nhiên trong một số trường hợp, những người gặp khó khăn về tiền bac cũng có thể được giảm thuế và lệ phí.

Những chi tiết điển trong đơn này sẽ giúp hội đồng thành phố (council) ấn định xem quí vị có hội đủ điều kiện hay không và mức độ được giảm thuế và lệ phí.