



Application for Financial Hardship Assistance

If you are a Brighton Council ratepayer, you may be eligible for hardship assistance in the payment of overdue rates and charges¹ where you are experiencing genuine and serious financial hardship.

Ratepayers are encouraged to apply for assistance as soon as possible².

For further information, see Brighton Council Financial Hardship Assistance Policy.

Applicant Information

This application is to apply the following assistance on the basis of financial hardship (**please select at least one**):

- Postponing rate payments (extension of time)
- Waiver of late payment penalties or interest for the period of financial hardship
- Rates remission.

Remission of any rates, late payment penalties or interest, in part or in full, is reserved only for the most serious and exceptional of financial hardship cases. Even in these cases, postponement of rate payments must be applied for and granted first before an application for rates remission can be considered.

If you are applying for assistance for more than one property you must complete an application for each property, as the nature, type, and ownership of each may differ.

¹ This application applies only to Council rates and charges levied in accordance with Part 9 – Rates and Charges of the *Local Government Act 1993*.

² Applications for assistance on residential investment properties will not be considered.

Name of the Property Owner(s):

Name of Applicant:

Are you the owner of the property? Yes No

For what type of property are you applying? Residential Commercial

Other (Please provide details)

Is the property a rental property? Yes No

Property Address:

Street Address

Address Line 2

Suburb Postcode

Please provide details of how we can contact you:

Name

Postal Address line1

Postal Address line2

Phone number/s

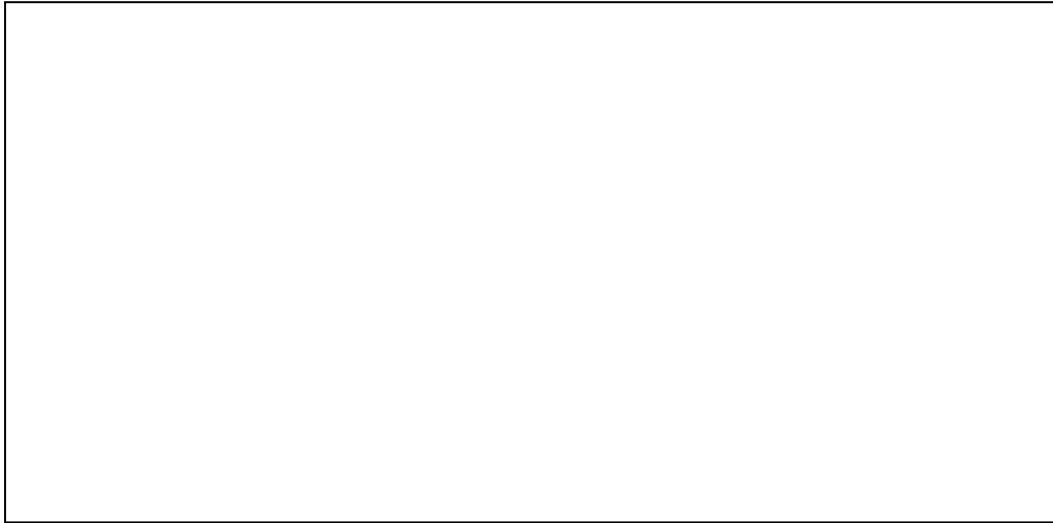
Email address

Please tell us why you are applying for hardship assistance:

To assist with the assessment process, please attach documentary evidence to assist us to review and assess your hardship application.

Please include one or more of the following:

- Assessment by an independent accredited financial counsellor demonstrating an inability to both pay rates and to rearrange asset portfolios to facilitate payment
- Evidence of your business qualifying for the Job Keeper support package
- A statutory declaration from an independent professional, familiar with the applicant's circumstances (e.g. a family doctor for health-related evidence, a bank official, insurance policy manager)
- Pending disconnection of essential services, like water, electricity, gas (does not include mobile or internet bills)
- Notice of impending legal action
- Letter from charitable organisation regarding loss of employment or inability to provide for basic necessities
- Evidence of you qualifying for Job Seekers support
- Bank statements or notice, for example, an overdraft call, or mortgaged property repossession
- Employer notice of redundancy or termination of employment
- Overdue medical bills
- Letter from doctor verifying the inability to earn an income due to illness or caring for a sick family member
- Final notice from school regarding payment of mandatory fees
- Funeral expenses
- Repossession notice of essential items, like a car or motorcycle
- Other documentation demonstrating that you are experiencing financial hardship (please describe below):



Please make sure your application and documentary evidence, is addressed to the General Manager, and submitted as follows:

- Emailed to admin@brighton.tas.gov.au; or
- Mailed to 1 Tivoli Road OLD BEACH TAS 7017

Please use the subject '**Financial Hardship Assistance Application**' to assist our staff to identify your application quickly. We will be in contact with you as soon as possible to acknowledge your application and provide advice regarding the assessment process.

Declaration and signature

I confirm that the information provided within this Application for Financial Hardship is accurate, and there have been no misrepresentations or omissions of fact that would otherwise influence the review and decision of Brighton Council.

Signature _____

Name _____

Date _____