

Council Customer Service Centre: 180 Cressy Street, Deniliquin, NSW, 2710
Address all correspondence to: The General Manager, PO Box 270, Deniliquin, NSW, 2710
Email: council@edwardriver.nsw.gov.au **Web:** www.edwardriver.nsw.gov.au
Phone: (03) 5898 3000 **Fax:** (03) 5898 3029

SECTION 1 - APPLICANT	
1. Applicant	I, _____ (Full name)
	of _____ (Address)
	(Postal address if different than above)
	(Mobile) _____ (Home Phone) _____
	(Work Phone) _____ (Email) _____

SECTION 2 – PROPERTY/S DETAILS	
2. Assessment	Council Rates Assessment Number _____
Description	Property address _____
	Do you own the property? <i>(please circle)</i> Yes No
	<input type="checkbox"/> By Yourself <input type="checkbox"/> With another person/s <input type="checkbox"/> Other – Please indicate below

	The property for which I am claiming has been my sole/principal place of living since /..... /.....
	<u>Is the property:</u>
	<input type="checkbox"/> Residential home <input type="checkbox"/> Vacant Land <input type="checkbox"/> Rural Land <input type="checkbox"/> Other please indicate below

	Value of House\Land \$ _____ Mortgage \$ _____
	Do you have interest in any other properties? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 3 – APPLICATION	
3. Application	This application is for hardship rate relief for the whole or part of the year commencing 1 July 20
	What is the cause of financial hardship (e.g. unemployment, illness) Fill in box below, add additional pages if needed

SECTION 4 – INCOME AND EXPENDITURE

4. Employment Details	Are you currently employed? (If 'No' move to Question 5 below.)	Yes	No
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time / Casual _____ hrs per week	
	Name of employer?		
5. Pension or Allowances	Do you have a current Pensioner Concession Card (PCC) issued by the Commonwealth Government?	Yes	No
	If 'Yes', type of pension or benefit		
	If 'Yes', PCC Number (attach copy)		
	Do you have a health benefits card?	Yes	No
	If 'Yes' Card No		
	Have you claimed a Pension Concession on any other property other than this year in any other local government area?	Yes	No
6. Income from all sources	My net weekly income received in dollars and cents from all sources of income is:		\$ <input type="text"/>
	Sources of income include:		
	1. Wages	Total Income \$	<input type="text"/>
	2. Pensions and benefits	Total Income \$	<input type="text"/>
	3. Compensation, superannuation, insurance or retirement benefits	Total Income \$	<input type="text"/>
	4. Spouse's income	Total Income \$	<input type="text"/>
	5. Income of other residents of property	Total Income \$	<input type="text"/>
	6. Casual / Part-time employment	Total Income \$	<input type="text"/>
	7. Family allowance	Total Income \$	<input type="text"/>
	8. Interest from Banks, Credit Unions, Building Societies	Total Income \$	<input type="text"/>
7. Savings	Total savings held in Bank, Credit Union or Building Society.	Total Savings \$	<input type="text"/>
	Name of Financial Institution		
	Branch		
	Balance		

SECTION 4 – INCOME AND EXPENDITURE (Continued)

8. Expenditure	Please state details of weekly outgoings:		
	Outgoings	Owed to	Amount
	Rent/Home Loan		
	Other mortgages		
	Personal loans/Hire Purchase		
	Credit Card/s repayments		
	Food		
	Electricity costs		
	Gas costs		
	Health costs		
	Council rates and charges		
	Private Medical Insurance		
	School expenses		
	Water Rates		
	Other outgoings		
	Total Expenditure	\$	
9. Income less Expenditure		Total Income	\$
		Total Expenditure	\$
		TOTAL	\$

SECTION 5 – APPLICANT CONSENT

10. Centrelink Consent	For the sole purpose of authorising the Council to confirm with Centrelink the detail I have provided to the Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the status of my Commonwealth Benefit:	
	I,	(Full Name)
	Authorise Council to confirm with Centrelink the following details: Pension Number; Name; Address; Postcode, and that I am a valid concessional card holder.	
Signature of Applicant		Date:

SECTION 6 – DECLARATION

11. Applicant Declaration	I hereby declare that the information provided is true and correct. <i>(If you make a false statement in an application, you may be guilty of an offence and may be fined)</i>	
	Signature of Applicant	Date:

SECTION 7 – INFORMATION FOR APPLICANTS

Council will accept this application if all information sought is provided by you. Additional information that you may have that supports your application can be attached.

Privacy Notification: The information requested on this form is being collected by Edward River Council on behalf of the property owner for the purposes stated on the application. The information will be used solely by Council staff and other parties as nominated by the property owner for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment of the information at any time.

OFFICE USE ONLY

Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:	Signature of Council Officer:
Response to applicant sent: YES <input type="checkbox"/> NO <input type="checkbox"/>		