

Hardship Rate Relief Application (Individual)

SECTION 1 - APPLICANT 1

Applicant	I, _____ (Full Name)		
	Of, _____ (Address)		
	_____ (Mobile)		_____ (Telephone)
	_____ (Email)		

SECTION 1 - APPLICANT 2

Applicant	I, _____ (Full Name)		
	Of, _____ (Address)		
	_____ (Mobile)		_____ (Telephone)
	_____ (Email)		

SECTION 2 - PROPERTY DETAILS

Assessment	Council Rates Assessment Number _____	

Description	Property Address _____	_____
	The property for which I am claiming has been my sole/principal place of residence since _____	

SECTION 3 - APPLICATION

Application	This application is for hardship rate relief for the whole or part of the year commencing _____	
	What is the cause of financial hardship (eg. Unemployment, illness) _____	

	How long have you been experiencing hardship?	_____

SECTION 4 - INCOME AND EXPENDITURE		Applicant 1	Applicant 2
Pension or Allowance	Do you have a current Pensioner Concession Card (PCC) issued by the Northern Territory Government?	YES/NO	YES/NO
	If 'Yes', type of pension or benefit		
	If 'Yes', PCC Number (attach copy)		

Hardship Rate Relief Application (Individual)

SECTION 4 - INCOME AND EXPENDITURE		Applicant 1 \$	Applicant 2 \$	
Income from all sources	My net weekly income recieved in dollars and cents from all sources is:			
Sources of income include	Wages - full-time, part time or casual			
	Pensions and benefits			
	Compensation, Superannuation, insurance			
	Family Allowance			
	Other			
	Income of other residents of the property			
	Spouses income if not party to this claim			
**** Please provide copies of all relevant supporting documentation				
Savings	Total savings held in a Financial Institution			
Totals	Total Income			
Expenditure	Please state details of weekly outgoings:		Applicant 1 \$	Applicant 2 \$
	Outgoings	Owed to		
	Rent			
	Mortgage			
	Loans			
	Credit Cards			
	Groceries			
	Electricity			
	Gas/Water			
	Medical			
	Childcare			
	Telephone			
	School Fees			
	Other			
	**** Please provide copies of all relevant supporting documentation			
	Total Expenditure			
	Income Less Expenditure	Total Income		
Net Income / (Deficit)				
TOTAL				

Hardship Rate Relief Application (Individual)

SECTION 5 - INFORMATION CHECKBOX FOR APPLICANTS

Council will accept this application if all information sought is provided by you.

Please indicate preferred repayment frequency Weekly Fortnightly Monthly

I have completed and attached required information so that my application can be processed

	Applicant 1 (please Tick)		Applicant 2 (please Tick)	
	Attached	Completed	Attached	Completed
Section 1: Applicant				
Section 2: Property Details				
Section 3: Application				
Section 4: Income and Expenditure				
Bank Statements				
Payslip				
Pensioner concession card				
Expenditure				
Income less Expenditure				
Section 5: Payment frequency				
Section 6: Declaration				

SECTION 6 - DECLARATION

	I do solemnly and sincerely declare that the information provided by me to the Alice Springs Town Council in this application is true and correct.	
	Applicant 1	Applicant 2
Signature		
Date		

OFFICE USE ONLY

Rates Department

Check Outstanding rates: \$ _____ Previous Correspondence sent: _____

Correspondence from Ratepayer: _____

Director Finance:

Approved: _____ Not Approved: _____ Refer: _____ Signature: _____

Council Decision:

Date of meeting: _____ Resolution No: _____ Approved/Not Approved: _____ Signature: _____

Ratepayer Notified:

Date: _____ Officer No: _____ Officer Signature _____