



The City of Nedlands recognises that members of our community may suffer from financial stress and have trouble in paying their debts as they fall due so have adopted a Financial Hardship Policy. While the City expects our community to make reasonable efforts to make payments, we want to ensure that eligible members can apply and be considered for assistance in meeting their financial obligations.

Once you have read the City's [Financial Hardship Policy](#) and believe you meet the requirements, please complete the application below. A successful application may result in a mutually agreed payment plan between you and the City. In cases of extreme financial hardship, penalty interest may be waived on the outstanding debt for a period of time.

The City may ask you to supply additional information and/or supporting documentation unique to you to maximise our understanding of your situation. We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your outstanding debt. A letter from a recognised financial counsellor or financial planner confirming financial hardship is recommended. Financial counsellors aren't judgmental about your circumstances, they offer free, confidential and independent support and advice. For further information you can call the National Debt Helpline on **1800 007 007** which is available 9:30 am to 4:30 pm weekdays.

SUPPORTING DOCUMENTS	
Please provide copies of documents you may have to support this application.	
☐	Letter from financial counsellor including an income and expenditure statement
☐	Letter from medical practitioner
☐	Centrelink payment evidence
☐	Letter from your employer / recent pay slip
☐	Letter from another agency that has deemed you to be in financial hardship <i>i.e. your bank, superannuation fund or utility provider</i>
☐	Statutory declaration from a professional familiar with your financial circumstances <i>i.e. family doctor, accountant</i>
☐	Other (please list)

DECLARATION			
I/We declare that the information provided in this Financial Hardship Application is accurate and I will advise the City if there is any change to my/our financial circumstances that impacts my/our ability to adhere to the payment plan.			
Applicant 1 Signature		Date:	
Applicant 2 Signature		Date	



RATEABLE PROPERTY DETAILS			
Address:			
	Suburb:		Postcode:
Assessment Number <i>(if known)</i>			
Outstanding Rate /Debt Account Balance <i>(if known)</i>		\$	
Is the property owner / occupied or is it rented?		☐ Owner/Occupied	
		☐ Tenanted Rental	
		☐ Untenanted Rental	
If the property is rented, how is it managed?		☐ Managing Agent (provide agent's name)	
		☐ Privately managed	

APPLICANT DETAILS			
Applicant 1			
Company Name		A.B.N:	
Last Name:		First Name:	
Residential Address:			
	Suburb:		Postcode:
Postal Address			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	
If we need to phone you, what time of day is most convenient for you?			
☐ Business Hours 9am – 5pm ☐ Early Morning 6am – 9am ☐ Evening 5pm to 7pm			
Do currently you hold any of the following cards?			
☐	Seniors Card ONLY		
☐	WA Seniors Card AND a Commonwealth Health Care Card <i>(you must have both cards)</i>		
☐	Pensioner Concession Card OR State Concession Card		

**Applicant 2 (if applicable)**

Company Name			A.B.N:		
Last Name:			First Name:		
Residential Address:					
	Suburb:			Postcode:	
Postal Address					
	Suburb:			Postcode:	
Email:					
Telephone:			Mobile:		
If we need to phone you, what time of day is most convenient for you?					
☐ Business Hours 9am – 5pm ☐ Early Morning 6am – 9am ☐ Evening 5pm to 7pm					
Do currently you hold any of the following cards?					
☐	Seniors Card ONLY				
☐	WA Seniors Card AND a Commonwealth Health Care Card <i>(you must have both cards)</i>				
☐	Pensioner Concession Card OR State Concession Card				

NOMINATE AN AUTHORISED AGENT

You can authorize another person to deal with the City regarding your financial hardship application

Agency Name:					
Contact Surname:			First Name:		
Contact Address:					
	Suburb:			Postcode:	
Email:					
Telephone:			Mobile:		

PAYMENT PROPOSAL

☐	OPTION 1 Regular Payment Plan
	Nominate how much you want to pay and how frequently you want to pay this amount. <u>This option is preferred</u> as it will help you to reduce your outstanding debts through regular payments. This option helps to avoid having to make a large single payment that may impact your ability to meet basic living expenses for you and your dependents.
	Proposed Payment Amount: \$



	Proposed Payment Frequency	☐ Weekly	☐ Fortnightly	☐ Monthly
	Proposed Start Date:			
	Proposed End Date:			

☐	OPTION 2 Defer Payment in Full	
	Nominate a date on which you will pay your outstanding debts in full.	
	This option may be suitable if you are <u>temporarily</u> unable to work or <u>temporarily</u> have reduced income and you <u>know</u> when your circumstances will return to normal.	
	<u>DO NOT select this option</u> if you are not certain that you can pay your outstanding debts in full on or before the nominated date, as if you fail to do so, the City may initiate debt collection proceedings.	
	Please defer my rates debt DUE DATE to:	<i>(Write date here)</i>

***If you have not provided supporting documentation from a financial counsellor or financial planner, please complete the Additional Information attachment explaining your financial circumstances and a statutory declaration including:

- 1) A brief description of your circumstances
- 2) Certification that the completed Financial Hardship Application and Additional Information attachment accurately reflects your financial position

Financial Hardship Application – Additional Information

FINANCIAL HARDSHIP INFORMATION			
		Ratepayer 1	Ratepayer 2
Have you petitioned for bankruptcy? <i>If yes, you are <u>not</u> eligible under the Financial Hardship Policy.</i>		☐ Yes / ☐ No	☐ Yes / ☐ No
Please select all applicable reasons from the list below:			
☐	Unemployed	Date employment ceased:	
☐	Under-employed	Average hours worked p/week:	
☐	Temporarily stood-down	Date of stand-down:	
☐	Income has been reduced <i>Please provide details in the Financial Information section below.</i>		
☐	Unable to work due to responsibilities as a carer	<i>Please attach copy of letter from medical practitioner</i>	
☐	Unable to work due to physical or mental health diagnosis		
☐	Death in the family		
☐	Family or domestic violence		
☐	Other <i>(Please provide details)</i>		

CURRENT FINANCIAL INFORMATION			
INCOME <i>Please provide monthly Net Income</i>		Applicant 1	Applicant 2
☐	Wages / Salary	\$	\$
☐	Pension or other Government Benefit (i.e. JobSeeker)	\$	\$
☐	Interest or earnings from banks, financial institutions or dividends	\$	\$
☐	Compensation, superannuation, insurance or retirement benefits	\$	\$
☐	Child Support Payments	\$	\$
☐	Rental income	\$	\$



☐	Other income? (Please describe		\$	\$
Total Monthly Income			\$	
If Reduced Income is a reason for this Financial Hardship Application, please complete:			Ratepayer 1	Ratepayer 2
Previous monthly income:			\$	\$
Date that reduced income occurred:				
Current monthly income:			\$	\$
Is the reduction in your income temporary?			☐ Yes / ☐ No	☐ Yes / ☐ No
Monthly Income Reuction			\$	
EXPENSES Please provide <i>monthly household expenditure</i> as a total for all applicants:				\$ Amount per month
☐	Mortgage / Home Loan			\$
☐	Other Mortgages / business loans			\$
☐	Lease / rental payments			\$
☐	Other loans			\$
☐	Credit Card/s			\$
☐	Utilities	Power	\$	
		Water	\$	
		Internet	\$	
		Phone/s	\$	
☐	Insurances			\$
☐	Food and living expenses			\$
☐	Motor vehicle expenses (licensing, repairs, fuel)			\$
☐	Entertainment (streaming services / eating out, etc)			\$
☐	Other expenditure? (Please provide details)			\$
Total Monthly Expenditure				\$

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I, _____, of _____, occupation _____.

{name, address and occupation of person making declaration}

sincerely declare as follows:-

{insert content of the statutory declaration; use numbered paragraphs if content is long}

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

At

{place}

On

{date}

in the presence of -

.....
{Signature of authorised witness}

{Name of authorised witness and qualification as such a witness}

by.....

{Signature of person making the declaration}

***Important** This Declaration must be made before any of the following persons:-

Academic (post-secondary institution)	Local government councillor
Accountant	Loss adjuster
Architect	Marriage Celebrant
Australian Consular Officer	Member of Parliament
Australian Diplomatic Officer	Minister of religion
Bailiff	Nurse
Bank Manager	Optometrist
Chartered secretary	Patent Attorney
Chemist	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public Notary,
Doctor	Public Servant (State or Commonwealth)
Electorate Officer (State – WA only)	Real Estate agent
Engineer	Settlement agent
Industrial organisation secretary	Sheriff or deputy Sheriff
Insurance broker	Surveyor
Justice of the Peace (any State)	Teacher
Lawyer	Tribunal officer
Local government CEO or deputy CEO	Veterinary surgeon

Or

any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Full descriptions of these professions are available at;

http://www.courts.dotag.wa.gov.au/_files/Professions_witness_statutory_declarations.pdf

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing {Schedule 2, item 231 of the Commonwealth Statutory Declarations Regulations 1993}.

Further information on witnessing documents is available at www.dotag.wa.gov.au