Application # _ (Office use only)



Hardship Assistance – Payment Arrangement

Information	for the applicant				
repres	This form must only be completed and signed by the property/land owners/authorised representative (rates accounts) or person responsible to pay the account or authorised representative (debtor accounts).				
	Once completed, this application form should be submitted to Queanbeyan-Palerang Regional Council for determination at either one of the below locations:				
Post PO Bo NSW 2	x 90, Queanbeyan, 2620	Email council@qpro	c.nsw.gov.au		
N.B. Question	s marked with an * a	re mandatory.			
PAYMENT A	RRANGEMENT DE	FAILS			
 *Please choose your preferred arrangement and complete the relevant details below: Payment extension and lump sum payment Payment extension and payment plan Payment plan only 					
Payment exte	nsion (complete if th	is arrangemei	nt has been ticke	d above)	
*Proposed page	yment extension peri	iod (length of	time):		
3 months	Ľ] 6 months		Other	
Lump sum pa	yment (complete if th	nis arrangeme	ent has been tick	ed above)	
*Lump sum pa	ayment date: (dd/mm/	′уууу)	*Lump sum pa	yment amou	ınt: (\$)
Payment plan (complete if this arrangement has been ticked above)					
*Proposed pa	yment arrangement p	period: (length	of time)		
less than 6	months 🛛 🗌 6 month	าร	12 months] Other
*Proposed payment plan start date: (dd/mm/yyyy)					
REASON FOR HARDSHIP REQUEST					
Payment extension (complete if this arrangement has been ticked above)					
*Indicate why you are seeking assistance and provide details below:					
	vou are seeking assi	istance and n	rovide details be	low:	

Reduced income/unemployment Other

(not related to COVID-19)

Injury/illness

*What is the industry of your employment/business?

*How long have you been experiencing financial hardship?

*Details

APPLICANT AND ACCOUNT DETAILS

*Full Name:

*Property Number/Water Account Number or Debtor ID:

*Contact Phone Number (during business hours):

*Property Address:

*Lot and Plan (DP/SP) Number:

*Postal Address (if different to property address):

FINANCIAL SUPPORT AND DEPENDANTS					
*Current employment status:					
Full time	Part time		Unemployed	Other	
*Do you have a current Pensioner Concession Card (PCC) or receive any pension/government benefits?					
Yes (complete de	etails below)		No (if no please go Ownership/R	go to next section – R esidency)	
PCC No:			Date of Grant: (dd/	/mm/yyyy)	

Other Benefit Type:		Pension/Benef	Pension/Benefit Amount: (\$)		
*Have you claimed a Pension	per Concession (ty in this financial year?		
Yes (complete details below			ty in this mancial year?		
Property address:	-,				
*Indicate all categories of pe	ople living at the	property:			
☐ Self	Spouse Children		Children		
Relatives	Boarders		Other		
*How many children do you	support?	State their age	S:		
OWNERSHIP/RESIDENCY	DETAILS				
*Is the property you listed in		-	_		
Primary residential	 Primary residential Business Investment property - Business (lessee) Investment property - Business (lessee) residential 				
*If the property is rented:					
Full time		Part time			
Monthly rental income:					
*Is the property you listed in this application:					
Owned by yourself					
Joint owner details and relationship to you:					
*Do you own an interest (either whole or partial) in any other property?					
□ Yes (complete details below) □ No					
Property Address	Property Ownership		Financial Assistance being provided on these properties?		
	Owned by	Joint owners	Yes No		
	yourself				
		[
1		1			

Property Address	Property Ownership		Financial Assistance being provided on these properties?		
	Owned by yourself	Joint owners	Yes No		
	Owned by yourself	Joint owners	Yes No		
*Total property rental incom	e received week	ly for <u>all properties li</u>	<u>isted:</u> (\$)		
SUPPORTING DOCUMEN	TS CHECKLIST	1			
	•	- /	attached to this application to		
 assist Council granting financial hardship assistance. Copies of recent bank statements confirming the balances and transactions in the last 6 months, held in all bank, credit union or building society accounts. This should include your main transaction account where salary and/or Centrelink payments are credited to 					
Copy of Pensioner Concession Card (PCC) where applicable					
Copies of letters from other utilities or mortgage provider confirming your financial hardship assistance agreement with them					
Copies of letters from support organisations confirming your financial hardship					
Proof of ownership of business where applicable					
Copies of lease agreements where applicable					
Letter from Financial Advisor confirming your financial situation					
Copy of severance letter or letter confirming you have been stood down without pay					
Other relevant information you feel may assist your application					
PAYMENT ARRANGEMENT DECLARATION					

By signing this document, I declare that I am authorised to apply for a payment arrangement and I understand the conditions below:

- Council can accept or renegotiate the terms of hardship assistance as per the Financial Hardship Assistance Policy.
- Further communications and/or documentation may be required to finalise this arrangement.
- A formal response will be provided by Council detailing the outcome of the hardship application and/or payment arrangement.
- If the payment arrangement is not maintained and the applicant does not notify Council, the total amount outstanding becomes due and payable and will be subject to Council's debt recovery process. Interest charges or late fees will apply. The cost of legal recovery will be charged to the rates or debtor account.
- I consent to Council conducting any necessary checks to verify the information I have provided.

Name:	Signature:	Date:
Hardehin Assistance - Povment Arrangeme	ant Application Form	