SHIRE OF DONNYBROOK BALINGUP
COVID-19 FINANCIAL HARDSHIP APPLICATION FORM
COUNCIL POLICY FIN/CP-1

The Shire of Donnybrook Balingup has adopted a Financial Hardship Policy as we know many in our community may be suffering financial hardship as a result of the Coronavirus (COVID-19) or other life events that impact a person's capacity to pay their Rates. We want to ensure that eligible Ratepayers can apply and be considered for assistance to meet their Rates payment responsibilities.

A successful application will result in a rates payment plan agreed between you and the Shire of Donnybrook Balingup and if there is extreme financial hardship, penalty interest may not be applied to the rates debt for a period of time.

Of course, the Shire of Donnybrook Balingup expects that Ratepayers will make reasonable efforts to make payments in accordance with their agreed payment plan, but we do understand that things can change and you can contact us at any time to request an adjustment to your payment plan.

Are you eligible to apply?
Any Ratepayer experiencing difficulties in meeting their financial commitments is eligible to apply.

How is a decision made about my application?
Decisions about financial hardship applications will be assessed based on the information provided in the application form and attachments submitted. This information will be assessed against the requirements of the Shire of Donnybrook Balingup COVID-19 Financial Hardship Policy.

You can read the COVID-19 Financial Hardship Policy on our website www.donnybrook-balingup.wa.gov.au or request a copy from our Rates Section.

After you apply, we will contact you if we need more information.

Do you need help to make an application?
Contact our Rates Section on 9780 4200 and one of our friendly staff will be able to assist you. We can assist you over the phone, in a face to face appointment or we can connect you with other financial counselling or community support agencies to meet your needs.

Privacy and Confidentiality
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 rates debt.

Right to have the decision reviewed
If you are not happy with our decision about your application, you can ask for the decision to be reviewed. Decision review requests can be submitted to the Chief Executive Officer, who will consider your request and advise you of the outcome. Email your request to shire@donnybrook.wa.gov.au or mail to PO Box 94, Donnybrook WA 6239.

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA – check the website www.ombudsman.wa.gov.au or Phone 9220 7555, Free call 1800 117 000 or email mail@ombudsman.wa.gov.au

RATEABLE PROPERTY DETAILS

Address:			
	Suburb:		**Postcode:**

Assessment Number *(if known)*	
Outstanding Rate Account Balance *(if known)*	$
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

If you are the lessee of the rateable property, what type of lease do you hold?	☐ Peppercorn		☐ Mining tenement
	☐ Commercial		☐ Crown

APPLICANT DETAILS

RATEPAYER 1

Company Name			
Surname:		**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

RATEPAYER 2

Company Name			
Surname:		**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

FAMILY CIRCUMSTANCES
Are you supporting dependants?

☐	**Spouse / Partner**
☐	**Children** **How many dependent children do you support?**
☐	**Other** *(please provide details)*

NOMINATE AN AUTHORISED AGENT
You can authorise another person to deal with the Shire regarding your financial hardship application and rates debt:

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

PREVIOUS RATE PAYMENT ARRANGEMENTS
Please tell us what option you chose to pay your rates in the last financial year

☐	**Paid in Full**	
☐	**Instalments x 2 payments**	Paid in Full ☐Yes / ☐No
☐	**Instalments x 4 payments**	Paid in Full ☐Yes / ☐No
☐	**Special Payment Plan**	☐ Plan still active OR ☐ Plan cancelled (*defaulted*)
☐	**Unknown** *(The Shire can find this information in our records if you are unable to provide it here.)*	
☐	**Other** *(please provide details)*	

RATE CONCESSION ENTITLEMENT
You may be entitled to a Rates concession or deferment

Applicant 1	Applicant 2	Do currently you hold any of the following cards?
☐	☐	**Seniors Card ONLY**
☐	☐	**WA Seniors Card AND a Commonwealth Seniors Health Card** *(you must have both cards)*
☐	☐	**Pensioner Concession Card OR State Concession Card**

FINANCIAL HARDSHIP INFORMATION
Please tell us about the reasons your financial circumstances have changed

		Ratepayer 1	Ratepayer 2
Have you petitioned for bankruptcy? *If yes, you are <u>not</u> eligible under the COVID-19 Financial Hardship Policy.*		☐Yes / ☐No	☐Yes / ☐No
Please select all applicable reasons from the list below:			
☐	**Is your financial hardship caused by the impacts of the Coronavirus (COVID-19?)**	☐Yes / ☐No	☐Yes / ☐No
☐	**Unemployed** Date employment ceased:		
☐	**Under-employed** Average hours worked p/week:		
☐	**Temporarily stood-down** Date of stand-down:		
☐	**Income has been reduced** *Please provide details in the Financial Information section below.*		
☐	**Unable to work due to responsibilities as a carer**	*Please attach copy of letter from medical practitioner*	
☐	**Unable to work due to physical or mental health diagnosis**		
☐	**Diagnosed with Coronavirus (COVID-19) and unable to work**		
☐	**Unable to work due to self-isolation** Start Date:		
	End Date:		
☐	**Death in the family**		
☐	**Family or domestic violence**		
☐	**Other** *(Please provide details)*		

CURRENT FINANCIAL INFORMATION
Accurate financial information is important, so you do not commit to an unrealistic payment plan

INCOME *Please provide <u>monthly</u> Net Income*		Ratepayer 1	Ratepayer 2
☐	**Wages / Salary**	$	$
☐	**Pension or other Government Benefit**	$	$
☐	**JobKeeper**	$	$
☐	**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	$	$
Office Use ONLY	Calculate 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:	$	$
Office Use ONLY	Calculate Monthly Income Reduction	$	

EXPENSES *Please provide **monthly household expenditure** as a total for all applicants:*			**$ Amount per month**
☐	**Mortgage / Home Loan**		$
☐	**Other Mortgages / business loans**		$
☐	**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)*		$
Office Use ONLY		Calculate Total Monthly Expenditure	$

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

PAYMENT PROPOSAL

Please provide a payment proposal that, if approved, will be your commitment to make payments toward your rates debt.

Before selecting an option below, please consider all your financial commitments so that your payment proposal will **not** limit your ability to meet basic living expenses for you and your dependents.

☐	**OPTION 1 Regular Payment Plan**			
	Nominate how much you want to pay and how frequently you want to pay this amount. **This option is preferred** as it will help you to reduce your rates debt 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
		☐ Bi-monthly		☐ Quarterly
	Proposed Start Date:			

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

DECLARATION

I declare that the information provided in this Financial Hardship Application is accurate and I will advise the Shire if there is any change to my / our financial circumstances.

Ratepayer 1 Signature:		**Date:**	
Ratepayer 2 Signature:		**Date:**	

OFFICE USE ONLY

APPLICATION APPROVAL

Executive Manager Corporate and Community		Chief Executive Officer	
Application Approval *:	☐ Yes / ☐No	**Approval *:**	☐Yes / ☐No
Payment Plan Approval:	☐ Yes / ☐No		
Signature:		**Signature:**	
Date:		**Date:**	
*Application approval is only granted if the application meets the requirements of the application review process			

RATES OFFICER USE

Payment Plan Applied:	☐ Yes / ☐No	**Synergy Record No:**	