Financial Hardship Application Form

The City of Rockingham has adopted a Financial Hardship Policy to:

- Provide the criteria on assisting ratepayers that qualify as experiencing financial hardship and are unable to pay their rates and service charges; and
- Ensure that all ratepayers are treated fairly and consistently with respect and compassion when the City is considering their circumstances in recognising financial hardship.

A successful application will result in a rates alternate payment arrangement agreed between you and the City that may include additional assistance in the form of;

- An extension to pay all rates and service charges by the end of the next financial year or based on your capacity to pay;
- Penalty interest on outstanding rates and service charges, for the current financial year, will be waived;
- Debt recovery will be suspended while you are experiencing financial hardship and on an approved alternate payment arrangement; and
- Payments under a payment arrangement may be deferred for up to three months.

Are you eligible to apply?

This Policy applies to all City of Rockingham Residential and Small Business ratepayers who are experiencing financial hardship.

Financial Hardship

Ratepayers are eligible for financial hardship assistance if they are:

a. Residential ratepayers – for the ratepayers' primary place of residence; or

b. Small Business ratepayers – for property used by the person for the purposes of carrying out a small business owned or operated by the person.

Small Business means a business undertaking which is wholly owned and operated by an individual person or by individual persons in partnership or by a proprietary company within the meaning of the Corporations Act 2001 of the Commonwealth and which:

i. Has a relatively small share of the market in which it operates; and

ii. Is managed personally by the owner or owners or directors, as the case requires; and

iii. Is not a subsidiary of, or does not form part of, a larger business or enterprise.

Supporting Documentation Required

Documentation needs to be provided in support of your application to enable it to be assessed. This documentation includes:

- Employment and income details
  - Centrelink payment evidence
  - Letter from your employer / recent payslips
- Expenditure and financial situation
  - Letter from financial counsellor, confirming financial circumstances
  - Letter from other agencies that have 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)

- Health or other situations
  - Letter from medical practitioner

If you are unable to significantly reduce your rates debt over the next financial year you will be required to undertake financial counselling to determine your capacity to pay and to provide a copy of this information to the City.

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 City's Financial Hardship Policy. You can read the Financial Hardship Policy on our website or request a copy by contacting the City on (08) 9528 0333.

After you submit an application, we will contact you if we need more information.

Do you need help to make an application?

Contact the City on (08) 9528 0333 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 you can contact one of the financial counselling services listed below.

- St Vincent de Paul, 1/14 Livingstone Road Rockingham – (08) 9528 4343
- Anglicare WA, 14 Council Avenue Rockingham – (08) 9528 0702
- Australian Red Cross, Darius Wells Library and Resource Centre, Chisham Avenue Kwinana – (08) 9419 7237

You can also visit the National Debt Helpline's website to find a financial counsellor in your local area or if you'd prefer, you can call the National Debt Helpline on 1800 007 007.

Collection Notice

The City of Rockingham is collecting your personal information for the purpose of assessing and administering your Financial Hardship Application, including the evaluation of your financial circumstances and eligibility for support. It may also be used for secondary purposes which would be reasonably expected, including debt management, account administration, and the provision of support services.

We may share this information with authorised third parties in order to assess your application, verify your financial circumstances, and administer any approved hardship arrangements. It may also be disclosed where required or authorised by law.

If you choose not to provide your personal information, the City may be unable to assess your application or offer financial hardship assistance.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

RATEABLE PROPERTY DETAILS

Address:				
	Suburb:		**Postcode:**	
Assessment Number *(if known)*				
Outstanding Rate Account Balance *(if known)*	$			
Is it a Residential property? **If Yes, do you live at the property or is it an investment property?**	☐ Yes / ☐ No ☐ Yes / ☐ No - it is an investment property			
Is it a Business property? **If Yes, do you operate a business from the property or is it an investment property?**	☐ Yes / ☐ No ☐ Yes / ☐ No - it is an investment property			
If you operate a business from the property: **What is the Business Name and ABN?**	Name: ABN:			
If the property is rented, do you have an Agent? If Yes, please provide the Agents Name.	☐ Yes / ☐ No – it is self-managed Managing Agent:			

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?

☐ Morning (8am – 12pm) ☐ Afternoon 12pm – 4:30pm ☐ Other (please state)

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?

☐ Morning (8am – 12pm) ☐ Afternoon 12pm – 4:30pm ☐ Other (please state)

FAMILY CIRCUMSTANCES

Are you supporting dependents?

☐	**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 City of Rockingham regarding your financial hardship application and rates debt:

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

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 Financial Hardship Policy.*		☐Yes / ☐No	☐Yes / ☐No
Please select all applicable reasons from the list below:			
☐	**Unemployed** Date employment ceased:		
☐	**Under-employed** Average hours worked per 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**		
☐	**Unable to work due to physical or mental health diagnosis**	*Please attach copy of letter from medical practitioner*	

☐	**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 **monthly** Net Income*	**Ratepayer 1**	**Ratepayer 2**
☐	**Wages / Salary**	$	$
☐	**Pension or other Government Benefit**	$	$
☐	**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, confirming financial hardship circumstances**
☐	**Letter from medical practitioner**
☐	**Centrelink payment evidence**
☐	**Letter from your employer / recent payslips**
☐	**Letter from another agencies that have 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 (Direct Debit) that, if approved, will be your commitment to make payments toward your rates debt. 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.

Proposed Alternate Payment Arrangement			
Nominate how much you want to pay and how frequently you want to pay this amount. This will help you to reduce your rates debt through regular payments.			
Proposed Payment Amount:	$		
Proposed Payment Frequency:	☐ Weekly	☐ Fortnightly	☐ Monthly
Proposed Start Date:			

DECLARATION

I 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.

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