# City of Bayswater Financial Hardship Policy Application

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| **Applicant Details:** |
| **Given Names:** |  | **Family Name:** |  |
| **Date of Birth:** |  |  |
| **Email:** |  | **Phone Number:** |  |
| **Preferred Method of Contact:** | [ ] **Email** [ ] **Post** |
| **Property Address** |
| **Street Address:** |  |
| **City:** |  | **State:** |  |
| **Country:** |  | **Postcode:** |  |
| **Postal Address** |
| **Street Address:** |  |
| **City:** |  | **State:** |  |
| **Country:** |  | **Postcode:** |  |
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| **Question 1:**  | Please explain your current situation (include details of your financial, health, or other relevant circumstances). Provide evidence to support your application. |
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| **Question 2:** | Have you sought help from any financial, legal, or other advisory services available to those in need? If so, please provide details and the extent of any assistance received.  |
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| **Question 3:** | Are there other members of your household who may be able to contribute towards payment? |
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| **Question 4:**  | When do you anticipate your financial position will improve? |
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| **Question 5:** | How many properties do you own (not limited to within the City of Bayswater)? Please provide the address(es). |
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| **I consent to the City of Bayswater using and storing the information contained and attached to this form for the purposes of assessing my eligibility for hardship support, and to conduct any relevant checks on the information I have disclosed. I undertake to notify the City as soon as practicable of any increase in my financial capacity to pay my debts.****This application is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.**  |
| **Applicant’s Signature:** |  | **Date:** |  |

### Conditions

Ratepayers and debtors are encouraged to provide any information about their individual circumstances that may be relevant for assessment. This may include demonstrating a capacity to make some payment and, where possible, entering into a payment proposal. The City will consider all circumstances, applying the principles of fairness, integrity and confidentiality whilst complying our statutory responsibilities. Documentation for assessment can include the following:

* A letter from a recognised financial counsellor (i.e must be a member of a financial counselling association, for example Financial Counsellors' Association of WA (FCAWA) or financial planner confirming financial hardship or a Statutory Declaration from a ratepayer or debtor outlining reasons for applying for hardship is recommended;
* Copy of recent bank statements of all bank accounts;
* Any related Centrelink documentation (if applicable);
* A repayment proposal;
* Ratepayer or debtor is not bankrupt or subject to a bankruptcy petition.

### Outcome

Outcomes will be communicated to the applicant within 5 business days of the City receiving the application.