

## SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling Postal Address: PO Box 118, Goomalling WA 6460 Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

## FINANCIAL HARDSHIP APPLICATION FORM

The Shire of Goomalling accept that some ratepayers may experience significant financial hardship and our aim is to aid ratepayers and general debtors during times of financial stress.

Ratepayers and general debtors who are facing payment difficulties due to financial hardship can apply to enter a payment plan with the Council.

The payment plan will provide an extension on current payments, and where Hardship is a direct result of COVID 19, Council will suspend interest charges and administration fees for the duration of that payment plan.

Financial Hardship will be assessed in accordance with Council's Financial Hardship and Debt Recovery Policy.

To apply, please complete the form below or contact the Shire of Goomalling, on 08 9629 1101. Applications can be submitted to <a href="mailto:goshire@goomalling.gov.wa.au">goshire@goomalling.gov.wa.au</a> or in person.

**Please note:** If you are applying for assistance for more than one property, you must complete a separate application form for each property, as the nature, type and ownership of each may differ.

1. a) Owner/Ratepayer Property Information		
Assessment Number		
Property Address		
What is the property's rates account balance?		
Is the property owner/occupied or is it a rental?		
If the property is a rental who is the managing agent?		
Lease Type?		

1.b) General Debtor Information	
Debtor Number	
Property Address	
What is the debtor account balance?	
What is the debtor for?	

2. Owner	r/Ratepayer Information
Are you the	e sole
· ·	epayer of the
property?	
Company N	
(if applicab	ole)
Surname	
Given Nam	
Residentia	
Postal Add	
Email Addr	
Mobile No	Phone No
	cial Hardship quest for assistance caused by the impact of a declared emergency?
Yes	□ No
If yes, pleas	se specify type of emergency:
Please tell	us how you have been paying you 2019/20 rates/general debt account?
	stalments (x 2 payments)
	stalments (x 4 payments)
	yment Plan: Active or cancelled due to reaching maximum number of defaults?
	her (please explain)
Oti	The (please explain)
Please tell	us about your financial position by indicating the reason/s below:
	ave become unemployed.
	y pay has been reduced.
•	ave been stood down.
	ave nad to take time off work to care for a family member.
	ave had to take time off work to care for a family member. ave had to self-isolate.
	ave had to self-isolate.
	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.
	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.  ath in the Family.
D∩r	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.  ath in the Family.  mporary physical and mental health problems.
Dor	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.  ath in the Family.
	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.  ath in the Family.  mporary physical and mental health problems.  mestic or family violence.
	ave had to self-isolate.  ave been diagnosed with a communicable disease and am unable to work.  ath in the Family.  mporary physical and mental health problems.
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or to
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4. Income and Expenditure – Please complete the sections below:			
Income – Gross weekly amount received		Frequency	Amount
Wage and Salaries			
Pension or other government benefits			
Spouse or partners income			
Interest from banks and financial institutions or dividends			
Compensation, superannuation insurance or retirement			
benefits			
Have you received any other	Please state type of		
income? (child support, rental payment:			
income)?	Add text		
		Income	

Expenditure outgoin	gs weekly	Provider Name	Frequency	Amount
Mortgage/H	ome loan			
Other mortg	gages/business loans			
Other loans				
Credit Cards				
Utilities	Power			
	Water			
	Rates			
	Phone			
Insurances				
Living Expen	ses			
			Expenditure	

	Total Income
INCOME AND EXPENDITURE SUMMARY	Less Total Expenditure
	TOTAL BALANCE

# 5. Dependents Do you have dependents you are supporting? Please indicate: Spouse /Partner Children Number of dependent children: Other (please name) 6. Payment Proposal What is the payment amount and frequency you can afford to commit to? Amount Frequency 7. Supporting Documentation To assist us with your application, please provide on lodgment the relevant documentation to support your financial hardship application. As per below: Bank Statement/s Medical Certificate Centrelink Letter from employer Letter from a Provider who has deemed you to be experiencing financial hardship (e.g. bank, super fund, utilities) > Letter from an authorised financial counsellor or planner confirming financial hardship > Documentation such as a statutory declaration from a person familiar with your financial

#### **Declaration**

I confirm that the information provided within this Application for Financial Hardship is accurate, and there have been no misrepresentations or omissions of fact that would otherwise influence the review and decision of Shire of Goomalling.

I declare that I am the ratepayer or general debtor and an authorised person of the abovementioned property.

Signature of Applicant

## **Processing Your Application**

Once you have completed this form please mail to:

circumstances (e.g. family doctor, accountant)

Shire of Goomalling

PO Box 118

**GOOMALLING WA 6460** 

Or Email to goshire@goomalling.wa.gov.au

Date:

If you have any questions, please contact (08) 9629 1101 and provide your relevant assessment number. We will then advise if your application form has been received and if it has been assessed.

### **Useful Information**

The Australian Government is providing a range of measures to address the global health crisis related to coronavirus. For information on the economic response to coronavirus including details of the JobKeeper payment scheme and an overview of the Government's targeted economic response packages, visit the Australian Government, <u>The Treasury's webpage</u>.

The Department of Health are the lead agency on coronavirus (COVID-19) and people are advised to visit their website as a true and accurate source of information.

For general health information and advice on coronavirus (COVID-19), visit the <u>Department of Health's webpage</u>.

## **Emergency Assistance and Support**

Information on immediate emergency assistance or support is available for those affected by COVID-19:

- For local emergency relief, visit <u>serviceproviders.dss.gov.au</u>.
- To test eligibility for income support payments including JobSeeker, contact Services Australia, visit <a href="mailto:servicesaustralia.gov.au">servicesaustralia.gov.au</a>.
- For financial counselling, including advice on managing debt, visit <u>National Debt Helpline</u> or visit <u>MoneySmart</u> for advice to help you manage your money.
- Those on a low income may be eligible to apply for a 'No Interest Loan'. For more information and details on how to apply, visit <u>Good Shepherd Microfinance (link is external).</u>

Support Services Contact Information			
Name	Phone	Website	
Government of Western Australia - Department of Health	1800 020 080	https://ww2.health.wa.gov.au/Articles/A E/Coronavirus	
HealthyWA	1800 022 222	https://www.healthywa.wa.gov.au/	
Lifeline Australia (personal crisis support services)	13 11 14	https://www.lifeline.org.au/	
Australian Government Services Australia (links to MyGov, Centrelink and Medicare)	1800 020 080	https://www.servicesaustralia.gov.au/ind ividuals/subjects/affected-coronavirus- covid-19	
	1800 007 007	https://ndh.org.au/	
Financial Counselling Services	1800 612 004 or	www.ruralwest.com.au	
	(08) 9964 7033		
Ethnolink Language Services	1300 727 441	https://www.ethnolink.com.au/covid-19- coronavirus-translated-resources	