'COVID-19 Financial Hardship - Individual

Application Information

In this form you are required to answer questions by ticking the appropriate box or by providing a written answer. The questions are designed to provide the Council with as much information as possible to assist in the application assessment process. Please note that you should provide any documentation that you feel may support your application for Hardship. The Council reserves the right to request further supporting information should they require it for assessment of Hardship.

Upon assessment of this application, the Council may choose to offer:

- Deferment of Rates payment
- Remission of Interest and/or Penalties
- Remission of Rates (partial or full)

NOTE: Processing times may vary based on the level of information provided and the amount of follow up required with applicants. You will receive an acknowledgement email confirming receipt of your application as confirmation that we have received it.

The questions marked with an * are compulsory and must be answered.

Applicant

The property owner(s) should complete this form as the applicant(s). Please complete details based as applicable below:

Individual	
Given Names*	
Surname*	
Address Details	
Suburb*	
Postcode*	
Contact Person:	
Home Phone	
Work Phone	
Mobile Phone	
Fmail Address*	



Residential Property Details	
Applications for financial hardship und for an individual's principal place of re-	ler the <i>Rates and Charges Hardship Policy</i> will be considered sidence only (where they live).
Please enter the Address and Account	Number (as appears on your rates notice):
Account Number	
Unit Number	
House Number*	
Street Name*	
Suburb*	
Postcode*	
Application Details	
Reason for experiencing hardship;	
Loss, reduction or change of income	
Inability due to illness	
Death in the family	
Business closure	
	ssible, more detail about the reason(s) for this application. You s possible in support of your application.*



Pension or other government be	\$		
Compensation/Superannuation/	\$		
Spouse or partners income (if ap	\$		
Other income (rental income, ch	\$		
Interest from banks and financia	\$		
Total Weekly Income	\$		
Pension/Benefit details (if applic	able)		
Type of Pension/Benefit			
DVA or CRN Number			
Date of Issue			
Expiry _			
Do you have a current pensioner remission on your City of Launceston rates?	Yes No		
Previous Weekly Income Details	(prior to experiencing Hardship res	ulting from Covid-19 Par	ndemic)
Pension or other government be	enefit	\$	
Compensation/Superannuation/	\$		
Spouse or partners income (if ap	\$		
Other income (rental income, ch	\$		
Interest from banks and financia	\$		



Total weekly income*

Current Weekly Income Details

Current Weekly Expenses	
Mortgage(s)	\$
Other loans/ credit cards	\$
Utilities (power, phone, water, rates)	\$
Insurance(s)	\$
Other Living expenses (food, petrol)	\$
Total weekly expenses current	\$
Terms and Conditions	
Additional Information:	
Financial Hardship. In addition, as much sup with this application which could include:	to request further information in order to assess porting documentation as possible should be provided including Government enforced closure resulting from inancial Counsellor or Accountant
Personal Information Protection S	tatement:
purposes of the Personal Information Protectinformation collected by Launceston City Co. • Data service providers engaged by Counci Launceston City Council; The supply of the ido not wish to provide the information soug your application or request. Council is collected managing, assessing, advising upon and derelated matters. You may make application for	ecting from you is deemed personal information for the ction Act 2004. The intended recipients of personal buncil may be: • Officers within Launceston City Council; I from time to time; • Any other agent/contractor of information by you is voluntary. If you cannot provide or the ht, Launceston City Council may be unable to process ting this personal information from you for the purposes etermining the relevant application, or other Council for access or amendment to your personal information is matter can be addressed to: Chief Executive Officer CESTON TAS 7250
that you wish to lodge with the Council	the terms and conditions for the application type. By ticking and agreeing to the terms and s and conditions that are specific to your
I agree to terms and conditions*	

Signature of applicant*

Date*

