



Cloncurry Shire Council

38-46 Daintree Street, Cloncurry, QLD 4824

PO Box 3 Cloncurry QLD 4824

Tel : 0747424100 | Fax : 0747421712

Email : council@cloncurry.qld.gov.au Website: www.cloncurry.qld.gov.au

FRM – COR 1005-11

RATES – FINANCIAL HARDSHIP APPLICATION FORM

Important Information: This application is for assistance with Council rates and charges, as defined by the Queensland *Local Government Regulation 2012, Section 120 (c)*, on the basis of financial hardship. Please ensure all relevant supporting documentation is attached to this application prior to submission.

APPLICANT DETAILS

Title						
Full Name						
Residential Address						
	Suburb		State		Postcode	
Postal Address						
	Suburb		State		Postcode	
Phone Numbers	Mobile		Home		Work	
Email Address						

PROPERTY DETAILS

Rate Assessment No.						
Property Address						
	Suburb		State	QLD	Postcode	
Name of Registered Owner 1				DOB		
Occupation				Resides at above property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Registered Owner 2				DOB		
Occupation				Resides at above property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Registered Owner 3				DOB		
Occupation				Resides at above property Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Registered Owner 4				DOB		
Occupation				Resides at above property Y/N	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: if additional properties are to be listed, please complete the relevant details on a separate application form.



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OTHER OCCUPANTS

Please provide details of any other occupants (including children) for the abovementioned properties:

Full Name		DOB	
Occupation <i>(if applicable)</i>		Gross Weekly Income <i>(if applicable)</i>	
Full Name		DOB	
Occupation <i>(if applicable)</i>		Gross Weekly Income <i>(if applicable)</i>	
Full Name		DOB	
Occupation <i>(if applicable)</i>		Gross Weekly Income <i>(if applicable)</i>	
Full Name		DOB	
Occupation <i>(if applicable)</i>		Gross Weekly Income <i>(if applicable)</i>	

Note: if additional occupants are to be listed, please complete the relevant details on a separate application form.

APPLICATION INFORMATION

Please explain the changes in circumstances that have affected your ability to meet your rates and charges payment commitments:



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How long have you been experiencing hardship? (Please include dates, where known)

Have you previously applied for financial hardship and assistance with rates and charges? (including payment plans)

Yes No

If yes, when and what assistance was provided?

Please advise the amount and frequency of repayment you are offering towards the rates and charges debt:

Please advise when you expect to be in a position to resume normal payments: (if known)



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SUMMARY OF FINANCIAL POSITION

Property owners who have combined income, expenses, assets and liabilities can combine information.

Please note: income, expenditure and liabilities are to be **monthly** figures.

e.g. income of \$500 weekly take home wage would be \$500/week x 52 (weeks/year) / 12 (months/year) = \$2,167 per month.

INCOME (Please attached recent payslips and/or Income Statement to substantiate financial position)				
Income Type	Applicant 1		Applicant 2	
	Income Source	Monthly Amount	Income Source	Monthly Amount
Wage (after tax): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Casual				
Pensioner and benefits				
Interest from banks / credit unions / building societies / stocks / shares / dividends				
Compensation, superannuation, insurance or retirement benefits				
Other income (please specify)				
Total monthly income:				



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SUMMARY OF FINANCIAL POSITION

EXPENSES (Please attach full statement for any of the below liabilities to substantiate financial position)

Expense Type	Applicant 1		Applicant 2	
	Expense Paid to	Monthly Amount	Expense Paid to	Monthly Amount
Electricity and Gas				
Medical				
Council rates and charges				
Education				
Rent (if applicable)				
Insurance				
Telecommunications				
Other outgoings				
Total monthly expense:				



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SUMMARY OF FINANCIAL POSITION

ASSETS				
Asset Type	Applicant 1		Applicant 2	
	Asset Description	Asset Value	Asset Description	Asset Value
Savings or cheque accounts (<i>e.g. bank, building society, credit union – please specify</i>)				
All properties				
Investments (<i>bonds, shares, etc.</i>)				
Motor vehicles (<i>please specify make, model, etc</i>)				
Boat, caravan, jet ski, etc.				
Other				
Total:				



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SUMMARY OF FINANCIAL POSITION

LIABILITIES

(Please attach full statement for any of the below liabilities to substantiate financial position)

Loan Purpose	Applicant 1				Applicant 2			
	Creditor	Current Debt	Arrears (if any)	Monthly Repayment	Creditor	Current Debt	Arrears (if any)	Monthly Repayment
Home Loan								
Other mortgages								
Personal loan								
Hire purchase								
Motor vehicle loan								
Credit cards								
Other liabilities								
Total monthly Repayments:								



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DECLARATION

I/we:

- Acknowledge and agree that Cloncurry Shire Council is collecting and relying on the information in this form to assess my financial hardship application;
- Authorise Cloncurry Shire Council to contact me/us to discuss the financial hardship application via the contact details on this form;
- Declare that the information provided in this form is complete and correct; and
- Understand that giving false or misleading information is a serious offence.

Applicant 1 Full Name

Signature

Date

Applicant 2 Full Name

Signature

Date

Privacy: Cloncurry Shire Council is collecting this information to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like.
Your information will not be given to any other person or Agency until you have given us permission, or we are required to by law.

SUPPORTING DOCUMENTATION REQUIRED

- Payslips and/or Centrelink Income Statement
- Bank Statement for the last three (3) months
- Confirmation of other income and/or expenses that do not appear on the above statements

NEXT STEPS

1. Please return the financial hardship application form and copies of all supporting documentation via:
 - **Email:** council@cloncurry.qld.gov.au
 - **Post:** Private and Confidential
Rates Officer
Cloncurry Shire Council
PO Box 3
CLONCURRY QLD 4824
 - **Visit:** Cloncurry Shire Council Administration Building
38-46 Daintree Street
Cloncurry QLD 4824
Mon-Fri 8:30am to 5:00pm
2. Upon receipt of your completed financial hardship application form and copies of all supporting documentation, Cloncurry Shire Council will review and assess your financial hardship application form and supporting documentation and contact you to discuss the outcome of the assessment.
3. Please be aware that submission of a financial hardship application form does not release you from your obligations to pay your rates and charges and if full payment of rates and charges are not received by the date shown on your rates notice, the overdue rates will attract interest and could result in legal action being taken.

Office Use Only

Date received

Date Actioned