

CALL
(08) 8256 0333

POST
12 Bishopstone Road
Davoren Park SA 5113

EMAIL
playford@playford.sa.gov.au

VISIT
Playford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112

Stretton Centre
307 Peachey Road
Munno Para SA 5115



APPLICATION FOR HARDSHIP ASSISTANCE

The City of Playford is committed to assisting customers who are experiencing financial hardship to manage their bills on an ongoing basis and make payments in a manner that is mutually acceptable. Council aims to help residents to clear their outstanding and ongoing rates debt in a planned and efficient manner.

The information provided is required to assist Council to assess your application.

1. Applicant		
Title:	Given name:	Family name:
Postal address:		
		Post code:
Date of Birth:	Phone:	
Email:		

2. Details of Land		
Please note: <i>Hardship applications only apply to property that you own and occupy, and is your main place of residence. Please refer to your Rates Notice(s) for this information.</i>		
Property address:		
		Post code:
Owner/s of land (if not you)		
Title:	Given name:	Family name:
Title:	Given name:	Family name:
Land Valuation on Rates Notice: \$		
Balance of Mortgage: \$		

3. Essential Details

Rate payers applying for hardship assistance are required to seek the assistance of an accredited Financial Counsellor

The following documents will need to be submitted with this application:

- Authority to act for accredited Financial Counsellor
- Income and expenditure statement completed by accredited Financial Counsellor
- Completed application and signed declaration

4. Application Details

Is the property for which you are applying for rate relief your principal place of residence?

Yes No

Are you the owner, or spouse of the owner of the property?

Yes No

What is your Employment Status?

Full Time Permanent Part Time Self Employed
 Casual Unemployed Retired

If you are not working, what type of Centrelink benefit are you receiving?

Aged Pension Disability Pension
 Carer's Pension Parenting Payment
 Newstart Other (please specify below)

Do you hold or have you applied for a State Government concession?

Yes No

How long have you owned the property?

[] Years

Do you have dependant children?

Yes No

If yes, please advise how many.

4. Application Details, continued

Please complete the following, or supply your accredited financial counsellor's fortnightly household income and expenditure statement, to verify your financial position.

Income (fortnightly)	\$
Salary or Wages	
Pensions or Annuity Payments	
Other Government Payments	
Rental Income	
All Other Income	
Total Fortnightly Income	
Expenses (fortnightly)	
Mortgage Payments	
Food Shopping	
Petrol / car	
Gas / Electricity	
Water	
Council Rates	
Entertainment	
Other Loan repayments	
Credit card repayments	
Other Expenditure	
Total Fortnightly Expenses	
Net Fortnightly Income / Expenses	

4. Application Details, continued

Please outline the reasons for your hardship assistance application.

5. Assistance Requested

Please outline the assistance you are seeking from this hardship assistance application.

- Postponement of rates
- Remittance of rates
- Long term payment plan

6. References

Section 182 advises of Council's power to grant relief of rates due to hardship or extenuating circumstances by way of remission or postponement (seniors only) of rates.

Please note that the penalty for providing false or misleading information on this form is an offence under the *Local Government Act 1999*. The maximum penalty for this offence is \$5000.

7. Declaration

Please complete the following declaration for hardship assistance.

- I understand the above application applies to hardship assistance
- If the grounds for this application cease to exist, I must advise Council
- I understand that any outstanding debt is payable in full at time of disposal or sale of the property
- I declare that the information I have provided in this application is true and correct to the best of my knowledge.
- I have attended an appointment with an accredited Financial Counsellor on

Applicants Name:	
Applicants Signature:	
Date of Application:	
Accredited Financial Counsellor Name:	
Accredited Financial Counsellors Signature:	
Accredited Financial Counselling Agency Name:	
Agency Phone:	
Agency Email:	

8. Lodging your Application

Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application form to Council.

Applications can be sent by mail, marked Attention Rate Officer to:

City of Playford
12 Bishopstone Road
Davoren Park, SA, 5113

For enquiries regarding hardship assistance contact Council's Rates department:

- Via email at ratesassist@playford.sa.gov.au
- Via telephone on (08) 8256 0333