

FINANCIAL HARDSHIP (RATE RELIEF) APPLICATION

About this form

Use this form to request financial assistance with the payment of land rates on Norfolk Island.

How to complete this form

1. Ensure that all fields have been filled out correctly.
2. Once completed you can submit this form by mail and in person. Please see Lodgement Details section for further information.
3. If there is insufficient space, please attach a separate sheet
4. Please use block letters

Privacy

The personal details requested on this form are collected and used expressly for processing this application. The supply of this information is voluntary. If you do not provide the requested information Council will not be able to process your application. Access to information that you provide is restricted to authorised officers.

TYPE OF APPLICATION (Please mark each relevant box)

- I would like to make a payment arrangement
- I would like to request that accrued interest is waived
- I would like to request a payment arrangement and waiving of accrued interest
- I would like to request a variation to payments due to significant increase in rates due to the revaluation of land, compared to the previous valuation

CONCESSION DETAILS (Please mark each relevant box)

Do you currently receive an Australian Government Pension?

- Centrelink Dept. Veteran Affairs Other (please specify) _____

Pension Number: _____

OWNER DETAILS

Please provide the full name and address of all owners.

Full Name:	
Address:	
Contact Phone (home)	Contact Phone (mobile/work)
Full Name:	
Address:	
Contact Phone (home)	Contact Phone (mobile/work)
Full Name	
Address:	
Contact Phone (home)	Contact Phone (mobile/work)

PROPERTY DETAILS

Portion	Lot	Section	Sheet	Certificate of Title

Rates Assessment Number/(s):

Is the property your principal place of residence? Yes No

DEPENDANTS

Please specify the number and ages of your dependants.

Number of Dependants:	Ages:
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SUPPORTING DOCUMENTATION

Please provide sufficient supporting documentation to allow council officers to assess your financial position. If your rates arrears are greater than \$500 a letter from an accountant / financial counsellor is required to confirm your financial hardship.

DECLARATION

I / We _____
(full name of applicants)

hereby declare that:

- I / We wish to make an application under the *Local Government Act 1993 (NSW)(NI)* for financial assistance as I / we are experiencing financial hardship with the payment of rates to the Norfolk Island Regional Council
- To the best of my / our knowledge and belief, the information provided in this application is true and correct.

I / we also authorise the Norfolk Island Regional Council authorised officers to verify any of the information provided in this application as appropriate with any other government department, agency or firm.

Signature	Date / /
Signature	Date / /
Signature	Date / /

- 1. All applicants / owners must sign the application**
- 2. If you are receiving an Australian Government pension, a photocopy of your pension card is required to be attached to this application.**
- 3. Giving false or misleading information is a serious offence**

LODGEMENT DETAILS

You can lodge the completed application by:

Mail: Norfolk Island Regional Council
PO Box 95
NORFOLK ISLAND 2899

In person: Customer Care Team
9 New Cascade Road
NORFOLK ISLAND

What now: Once your application is received, a Council Officer will respond within 10 working days if further information is required.

Official use only	
Receiving Officer:	Date: