APPLICATION FOR FINANCIAL HARDSHIP

KEY FOCUS AREA LEADERSHIP AND GOVERNANCE

INSTRUCTIONS

Prior to submitting this application form please carefully read the **Town's Financial Hardship Policy, LG 532** to ensure you meet the criteria. You must complete this form in full and submit a signed Statutory Declaration stating that the information provided is true and correct. The application cannot be reviewed until the Town has received a completed application form and signed Statutory Declaration. Applications can be emailed to toc@claremont.wa.gov.au, delivered to 308 Stirling Highway, Claremont or posted to PO Box 54, Claremont WA 6910.

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your application.

APPLICANT/S

	Applicant 1	**Applicant 2**
Name		
Address		
Mobile number		
Email address		
Agent	If you wish to authorise another person to deal with the Town regarding this application please list their details below: Name: Address: Mobile Number: Email Address:	

MONEY OWING TO THE TOWN OF CLAREMONT

Debt	☐ Rates ☐ Fee or Charge ☐ Other, please list			
Invoice Reference				
Balance owing *(if known)*	$			
Property Address				
	Suburb		Postcode	

FINANCIAL/ PERSONAL CIRCUMSTANCES

Property owner / occupied or is it rented?	☐ Owner/Occupied ☐ Mortgage ☐ Rental
Dependants	☐ Spouse/Partner ☐ Children, list number and ages ☐ Relatives
Employment Details	☐ Unemployed ☐ Employed ☐ Jobseeker, Jobkeeper, Centrelink ☐ Retired ☐ Unable to work due to for example, sickness, carer responsibilities, disability ☐ Other
Separation/Divorce (optional)	☐ Yes
Family or domestic violence (optional)	☐ Yes
Have you petitioned for bankruptcy?	☐ Yes / ☐ No

Circumstances of hardship – Please explain the reason for your application:	
Please list all monthly income:	
Wages /Salary per month	$
Rental Income (after agent fees)	$
Other income	$
Please list all monthly expenses:	
Mortgage	$
Loans including credit cards	$
Utilities including electricity, gas, water	$
Food expenses	$
Motor vehicle expenses including petrol , insurance and registration	$
Medical Expenses	$
Child Support expenses	$
Health insurance	$
School Fees, child care costs	$
Entertainment	$
Other (please list)	$
	$
	$

PAYMENT PROPOSAL

Payment Frequency and Amount	☐ Weekly, $ ☐ Fortnightly, $ ☐ Monthly, $ ☐ Other, $
Start Date	
End Date	(payment is required in full by 30 June)

SIGNATURE

Applicant 1 Signature		**Date**	
Applicant 2 Signature		**Date**	

By submitting this application, you agree to promptly advise the Town in writing if there is any change to your financial circumstances.

APPROVAL - TOWN OF CLAREMONT TO COMPLETE

Signature	
Officer	☐ Manager Finance or Senior Accountant (where debt is below $3,500 for residential properties) (where debt is below $5,000 for commercial properties) ☐ Director Corporate Services (where debt is below $5,000 for residential properties) (where debt is below $20,000 for commercial properties) ☐ CEO (where debt is below $10,000 for residential properties) (where debt is below $20,000 for commercial ***DA 2.1.13 – Agreement as to payment of rates and services charges.**
Date	

Western Australia

Oaths, Affidavits and Statutory Declarations Act 2005

Statutory Declaration

I, _____ {name of person making declaration}

of _____ {address of person making declaration}

occupation _____ {occupation of person making declaration}

sincerely declare as follows:

{insert above the content of the statutory declaration; use numbered paragraphs if content is long}

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005.*

At _____ {place}

On _____ {date}

By _____ {Signature of person making the declaration}

In the presence of

_____ {Signature of authorised witness}

_____ {Name of authorised witness}

_____ {Qualification as such a witness}

*Important - This Declaration must be made before any of the following persons:

Academic (post-secondary institution)	Local government councillor
Accountant	Loss adjuster
Architect	Marriage Celebrant
Australian Consular Officer	Member of Parliament
Australian Diplomatic Officer	Minister of religion
Bailiff	Nurse
Bank Manager	Optometrist
Chartered secretary	Patent Attorney
Chemist	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public Notary
Doctor	Public Servant (State or Commonwealth)
Electorate Officer (State – WA only)	Real Estate agent
Engineer	Settlement agent
Industrial organisation secretary	Sheriff or deputy Sheriff
Insurance broker	Surveyor
Justice of the Peace (any State)	Teacher
Lawyer	Tribunal officer
Local government CEO or deputy CEO	Veterinary surgeon

Full descriptions of these professions are available via the following website link **http://www.courts.justice.wa.gov.au/_files/Professions_witness_statutory_declarations.pdf**

Or

any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing - Schedule 2, item 231 of the *Statutory Declarations Regulations 1993 (Commonwealth)*.

Further information on witnessing documents is available at www.courts.justice.wa.gov.au.

Last updated on 31 October 2017