

HARDSHIP RATE RELIEF APPLICATION FORM

About this form:

This form is completed by ratepayers who are presently experiencing financial hardship and wish to receive consideration with respect to the payment of their rates and charges and water account. The information provided by completing this form will enable Council to determine the eligibility for Financial hardship support in line with Glen Innes Severn Council's Rates Financial Hardship policy.

How to complete this form:

1. Please note that all fields are mandatory and must be completed before submitting the application.
2. Once completed please submit the form electronically, by mail or in person. Please refer to the lodgement section for further information about submitting this form.
3. Ensure that you include supporting documentation in support of your claim.

Part 1: Your information

Assessment No..... Daytime telephone number.....

Full name

Address

Locality State Post Code.....

Email

Hereby apply for a concession on the basis of financial hardship.

Property Description (Lot/Plan) _____
(office use only)

1. Type of pension or benefits if any
Amount\$.....fortnightly
PCC No.....Date of grant..... (reformatted)

2. Are you currently employed? ☐Y ☐N

Is your work ☐ full time ☐ part time ☐ casual ☐ seasonal other

3. Have you claimed a pensioner concession on any other property this year? ☐Yes ☐No

If yes, state the address of the property

Phone. (02) 6730 2300
Email. council@gisc.nsw.gov.au

Main Administration,
265 Grey Street Glen Innes NSW 2370

Kindly address all correspondence to:
The General Manager, PO Box 61 Glen Innes NSW 2370



4. Is this property your sole or principal property?

The property for which I am claiming has been my sole/principal place of living since

5. How much rent or board do you receive if any:

\$ ☐ weekly ☐ fortnightly ☐ monthly

6. For how long have you been experiencing hardship?

7. What has caused this?

- ☐ Illness ☐ loss of employment ☐ relationship breakdown
☐ Natural disaster ☐ Pensioner ☐ financial over commitment
☐ Bereavement ☐ Other
(of an immediate family member) (please specify)

8. I am liable for the payment of rates and charges on this property, together with others as listed below (*If no other owners, write "SOLE OWNER"*)

Please provide details of all "other" persons indicated in Question 8. (**All OWNERS other than the applicant should be listed, including your spouse/partner**).

Name	PCC Holder Y/N	Pension No.	Date of Grant	Relationship to me (e.g. spouse, father, co-owner etc)	Resident of Property Y/N	% of ownership

Evidence of joint ownership is attached/has been provided to council previously
(circle whoever is applicable).

9. Is the property owned as shares in a company title? ☐ Yes ☐ No

If you do not own or rent the property, please explain why you are liable to pay the rates

10. Are there people living at the property other than those listed at Question 8?

☐ Yes ☐ No

11. Please indicate who these people are?

Self
Spouse
Children (state ages.....)
Boarders
Relatives
Others (please specify.....)

12. Do you own (either fully or partially) any other land or buildings?

☐ Yes ☐ No

If yes, please list addresses:

.....
.....

DECLARATION

I hereby declare that the information provided is true and correct. If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.

Name (print)

Signature.....Date.....



IMPORTANT NOTICE

CUSTOMER CONSENT

For the sole purpose of authorising the council to confirm with Centrelink whether or not the detail I have provided to the council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I _____ (full name) authorise the council to confirm with Centrelink the following details:

- Pension No.
- Name
- Address
- Postcode, and
- That I am a valid concessional card holder.

I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the council written notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the Council.

I acknowledge I have read and understood this Customer Consent record.

Signature _____ Date _____



PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998

Compliance with Section 10

The information contained in this application form and any information requested for the purpose of assessing eligibility for a pensioner concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005.

This information is required before your application for a pensioner concession can be processed. The information is private and confidential and council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

If you have a complaint about the use of your personal information, contact Council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the Council.

PURPOSE OF THIS FORM

This form is to be completed by ratepayers wishing to receive a concession on Council rates. Eligible ratepayers are entitled to receive up to:

- \$250 on ordinary rates and charges for domestic waste management services.
- \$87.50 off their annual water rates and charges
- \$87.50 off their annual sewerage rates and charges

Generally, the concessions are available to eligible pensioners, however, concessions may be granted to ratepayers suffering financial hardship in certain circumstances. The information provided by completing this form will enable Council to determine eligibility to receive a concession and the level of concession the ratepayer is entitled to.

Version date: 9MAY2025