

# Financial Hardship Consideration Application Form



**Livingstone**  
SHIRE COUNCIL

## PRIVACY NOTICE

Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of processing your application. Some of this information may be given to other sections of Council for the purpose of assessing your application.

Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

**ABN** 95399253048  
**Enquiries** 4913 5000 or 1300 790 919  
**Address** PO Box 2292  
 Yeppoon Qld 4703  
**Email** [enquiries@livingstone.qld.gov.au](mailto:enquiries@livingstone.qld.gov.au)

## Applicant Details *(Please note communication details may be used to update Council's Records)*

I/We			
Postal Address			
Phone		Mobile	
Email Address			
Pension:	Are you currently receiving a pensioner remission on your Rates and Utilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, please note that Pensioner remissions and Pensioner instalment options are available to approved pensioners who are in receipt of a pension for entitlements from Centrelink or the Department of Veterans' Affairs or a Widow's allowance. Application forms are available on Council's website.			

## Property Details *(to be obtained from the relevant current Rate notice)*

Assessment Number			
Property Location		Lot and Plan	

## Hardship Eligibility In order to be identified/assessed for hardship circumstance, please tick criteria that applies.

<input type="checkbox"/> Balance outstanding exceeds \$1,000; and
<input type="checkbox"/> Applicant/s either solely or jointly with a co-owner, have the legal responsibility for the payment of Rates and Charges, and other household utilities which are levied in respect of the property; and
<input type="checkbox"/> Person/s is the owner or life tenant of the property which is his/her principal place of residence; and
<input type="checkbox"/> At no time whilst under the provision of Hardship will the property be partially let out and/or derive an income; and
<input type="checkbox"/> Previously strong payment history.
<input type="checkbox"/> Mortgagor notified of arrears situation.
<input type="checkbox"/> The applicant/s has exhausted all avenues to alleviate the situation and seek assistance. For Example; sort additional finances or have tried to sell the property or other assets.
<input type="checkbox"/> The property or other non-owner occupied property is listed for sale.
<input type="checkbox"/> The applicant has sought financial assistance from either a community organisation (For example; Financial Services Information Officer (Department of Human Services)); or their Banking Institution.
<input type="checkbox"/> Applicant or direct dependent/s is/has suffered a medical emergency, serious illness, trauma, and/or injury.
<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Sudden and unexpected loss of income
<input type="checkbox"/> Sudden and unexpected major expenditure
<input type="checkbox"/> Unusual and severe circumstances

## Supporting Documentation Please attach all supporting documentation to this application

<input type="checkbox"/> Medical certificate with supporting letter or medical records
<input type="checkbox"/> A statement of income and expense &/or Pay Advice
<input type="checkbox"/> A statement of assets and liabilities/debts
<input type="checkbox"/> A telephone or electricity account in owners/ name.
<input type="checkbox"/> Statutory Declaration (see page 5 for form)
<input type="checkbox"/> Other



## Assets

Detail assets of all applicants	Details	Amount/value \$
Dwelling (Principal place of residence)		
Other real estate		
Cash on hand		
Savings or cheque accounts (e.g. Bank, Building Society, Credit Union, Please specify)		
Investments (e.g. Bond, Shares, etc.)		
Motor vehicle/s		
Boat, caravan etc.		
Other assets		
Other assets		

## Liabilities/debts

Please list all current debts of the applicants (e.g.) loans, credit cards

Credit Provider Names	Purpose of Loan	Current Debt \$

## I / We agree as follows:


That the information provided herein is true and correct in every particular and that all material facts have been disclosed to Livingstone Shire Council. Council requires a minimum of 14 working days to process this request. Applicants will be advised in writing of the outcome.

Name:		Signature		Date	____ / ____ / ____
Name:		Signature		Date	____ / ____ / ____

## Close of Applications

Applications for Hardship will be considered at any time during the rating period (i.e. half yearly). Applications must be made in writing using Council's approved form.

## Lodging

<b>IN PERSON</b>	You can lodge your form at Council's Customer Service Centre: <b>Yeppoon</b> (TOWN HALL) 25 Normanby Street <b>Emu Park</b> (LIBRARY) 7-9 Hill Street
<b>MAIL</b>	Mail the completed form to Livingstone Shire Council PO Box 2292 YEPPOON QLD 4703
<b>EMAIL</b>	Email the completed form with a copy of your supporting evidence front and back, to: <a href="mailto:enquiries@livingstone.qld.gov.au">enquiries@livingstone.qld.gov.au</a>
	Online Services: <a href="http://www.livingstone.qld.gov.au">www.livingstone.qld.gov.au</a>
	Like us on Facebook: <a href="https://www.facebook.com/livingstoneshirecouncil">www.facebook.com/livingstoneshirecouncil</a>

## REVENUE & RATES OFFICE USE ONLY

Date Registered	____ / ____ / ____	Date Received	____ / ____ / ____	Revenue Officer	
Hardship Category				<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Revenue Coordinator			Chief Financial Officer		
Date	____ / ____ / ____	Date	____ / ____ / ____		

Oaths Act 1867

Statutory Declaration

QUEENSLAND  
TO WIT

I, \_\_\_\_\_

of \_\_\_\_\_ in the State

of Queensland do solemnly and sincere declare that the information provided in the attached application is a true and correct record of my financial position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provision of the Oaths Act 1867.

Signature of declarant/deponent

Taken and declared before me at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_.

Justice of the Peace/Commissioner  
for Declarations.

\_\_\_\_\_