



APPLICATION FOR HARDSHIP ASSISTANCE

Assessment No. _____

Address of Property _____

Property Description (Lot/Plan _____ (Office Use Only)

I, _____

of _____ Address – (If same as Property please write “As Above”

Telephone Number _____ Mobile _____ E-mail _____

For the purpose of this application, I provide the following information:-

1. OWNERSHIP OR RESIDENCY DETAILS

(a) Is this property your principal home? [] Yes [] No

(b) Is any part of the property tenanted? [] Yes [] No

(c) Do you own the property:-

i) By yourself? [] Yes [] No

or

ii) With a spouse? [] Yes [] No

or

iii) With other person/persons? [] Yes [] No

*If “Yes” state name(s) and address(es) of other owner(s) _____

(d) How many people live at the property? _____

(Indicate by Ticking [] Self [] Spouse [] Children _____

(State Ages)

Others (Insert number) [] Boarders [] Relatives

(e) Do you own or have interest in any other land or buildings *[] Yes [] No

*If "Yes" state address(es) _____

2. OTHER DETAILS

a) How many children do you support? _____

b) What is the cause of the hardship? _____

c) How long have you been under hardship? _____

3. INCOME
(State gross fortnightly amount received)

a) How much do you receive in pension and benefits? \$ _____

b) Other sources of your income \$ _____

(i.e. full/casual/part time employment etc) \$ _____

(Rentals from real estate or assets) \$ _____

(Other) \$ _____

c) How much do you receive in Worker's Compensation, Superannuation, insurance or retirement benefits \$ _____

d) Spouse's Income (if any) \$ _____

e) State income of any other member of the family or person residing at the property (including pensions or other benefits). \$ _____

f) Family Allowance \$ _____

g) Family Maintenance Income \$ _____

h) Name & current balance of any bank, building society, credit union, savings accounts, etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

i) Interest from bank, credit union, building society, Credit union, savings account, etc. \$ _____

4. EXPENDITURE
 (State fortnightly payment)

Commitment	To Whom Amount Owed	Amount
(a) Rent or Home Loan	_____	\$ _____
(b) 2 nd & other mortgages	_____	\$ _____
(c) Personal loans	_____	\$ _____
	_____	\$ _____
Hire Purchase	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Credit Cards (including Store Cards)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
(d) Health Costs (where there Is a serious illness). Please Write individual details and Other relevant information.	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

5. OTHER RELEVANT INFORMATION
 To be completed if you think it will assist in the determination of relief.

STATUTORY DECLARATION

NSW OATHS ACT 1900

I
of
in the State of
do solemnly and sincerely declare and affirm that the answers given to questions and other relevant information stated in pages (1) to (3) of this form is true and correct.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at)
this day of)
..... 20)
before me:)

.....
JUSTICE OF THE PEACE

.....
Printed Name and Registration Number

Authority

I/We hereby authorise Fairfield City Council to obtain verification of the statement made and I/We authorise the furnishing to Council of letters, statements and other documents relating to Me/Us in conjunction with this application.

.....
Signature of Applicant(s)