HARDSHIP RATE RELIEF APPLICATION FORM

APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 202_

**please answer all questions relevant to you using block letters and ticking appropriate boxes.*

Assessment No._____

I, _____
(Full name in block letters)

of_____
(Address)

telephone number_____ apply for a concession on the basis of financial hardship.

(1) Do you receive any pensions or benefits? ❑ Yes ❑ No

If yes, please provide type of pension and amount received per week.

Pension:_____ Amount:_____

(2) Do you have a current Pensioner Concession Card issued by the Commonwealth Government to NSW residents? ❑ Yes ❑ No

IF YES PLEASE CHECK WITH COUNCIL THAT THIS IS THE CORRECT FORM BEFORE CONTINUING.

(3) Is this property your sole or principal place of living? ❑ Yes ❑ No

(4) Do you rent the property? ❑ Yes ❑ No

(5) Do you own the property
- a) by yourself ❑ Yes ❑ No
- b) with a spouse ❑ Yes ❑ No
- c) with other person/s ❑ Yes ❑ No

If you answered yes to b) or c), please provide name/s and PCC No's of other owner/s and the % owned by each person.

Name	Pensioner Concession Card No	% owned

(6) Is the property owned as shares in a company title? ❑ Yes ❑ No

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

(8) Please indicate who these people are?

❑ Self
❑ Spouse
❑ Children (State ages _____)
❑ Boarders
❑ Relatives
❑ Other (please specify)

(9) Do you own (either fully or partially) any other land or buildings?
❑ Yes ❑ No

If yes, list addresses.

_____

_____

_____

(10) How many children do you support?_____ State ages _____

(11) What is the cause of financial hardship? _____

_____

_____

_____

(12) How long have you been experiencing hardship? _____

(13) Please state gross weekly amount received in dollars and cents from the following sources of income:

a) Pensions and benefits $_____

b) Compensation, superannuation insurance or retirement benefits $_____

c) Spouse's income $_____

d) Income of other residents of the property $_____

e) Casual/part-time employment $_____

f) Family allowance $_____

g) Interest from banks/credit unions/building societies $_____

(14) Please provide name and current balance of all bank, credit union or building society accounts held by you.

_____

_____

_____

(15) Please state details of weekly outgoings.

Outgoing	**Owed to**	**Amount**
Rent/Home Loan		
Other mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		

Please attach a separate page with any other relevant information you feel may assist your application.

Please include copies of documentation to support your application as per Section 4.1 of USC Hardship Policy 2025.

Signature:_____ Date:_____