



Application to have the penalty interest for the 2020/2021 rates waived

Individual applicants must be the owner of the property, or an authorised delegate.

Organisation or business applicants must be the owner of the, or an authorised delegate.

APPLICANT DETAILS			
Name(s):			
Residential address:			
Postal address:			
Mobile:		Phone:	
Email:			
PROPERTY DETAILS			
Assessment			
Property Address:			

Supporting Documentation and Declaration

For your Financial Hardship Application form to be considered it must be submitted with a written statement explaining the circumstances surrounding your application and the supporting documentation listed below. The Shire uses this to help assess your circumstances and ability to meet current and future payments.

Select the checklist that matches your circumstances and mark the relevant boxes to detail what supporting documentation you have provided.

Individual Applicant

Should provide all of the following where available:

- Must provide a written statement explaining the circumstances surrounding the application
- Must provide at least one of:
 - Evidence of income: tax return / current bank statement / recent payslips
 - Centrelink payment letter
 - Pensioner card
 - Medical certificate or letter from GP
 - Other documentation that supports your application

Organisation or Business Applicant

Should provide all of the following where available:

- Must provide a written statement explaining the circumstances surrounding the application
- Should provide all of the following where available
 - Bank statements
 - Tax returns or Business Activity Statements
 - Audited financial statements (income statement, balance sheet, cash flow)
 - May provide any other documentation which supports application



Declaration

I/we are experiencing financial hardship due to COVID-19. I/we are not bankrupt or subject to a bankruptcy petition. I/we will advise the Shire of East Pilbara if there is any change to my/our financial circumstances.

I declare and affirm that the information provided on this form is accurate to the best of my knowledge and belief:

Name:		Position:	
Signature:		Date:	

Office Use Only

Finance Department

Recommended		Not Recommended		Comment:

COVID-19 Committee

Recommended		Not Recommended		Comment:

CEO Approval

Approved		Not Approved		Signed:
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