

Short Term Hardship Application

This application is for 12 months on principal place of residence only. *Please complete all applicable sections.*

1. Applicant details:	
Name 1:	DOB*:
Name 2:	Phone: DOB*: Phone:
Email name 1:	
Email name 2:	
Preferred method of contact:	
Email Phone Post	
2. Assessment No:	
3. Property address (Principal place of residence).	
4. Reason: Medical Employment Financial Other Please Specify	

Payment details continue next page.

5. Customer preferred: Payment Options

Frequency	Amount	Start date
Weekly	\$	
Fortnightly	\$	
Monthly	\$	
Other	\$	
Specify		

- **6**. The arrangement can be terminated due to two missed payments.
- 7. If you have any queries or are unable to make an arranged payment, please do not hesitate to contact the rates department. rates@southgippsland.vic.gov.au Phone: 56629200
- 8. This short term financial hardship application is for a period of 12 months only and further applications will be needed if all rates are not current.
- 9. Council do not offer direct debit. All payments must be made by the options on the original rate notice.
- 10. This application is subject to council approval. You will be notified in writing of the outcome of this application.

11	Owners	Cianatura	(mandatory)
11.	Owners	Signature	(mandatory)

Name:		
Signature:	Date:	

Power of Attorney/Executor

If you are acting on behalf of an owner/ratepayer please attach a copy of Power of Attorney/Probate showing you as an authorised party.

Privacy and Collection Statement

Under the provisions of the Information Privacy Act, the information provided is to be used solely for the Council purpose for which it is given or for any approved secondary purpose under that act. For further information, please refer to our privacy statement on our website.

*The Local Government Act 1989 requires Council to collect dates of birth for the production of electoral roles.