SOUTH GIPPSLAND SHIRE COUNCIL

Hardship Application Form

South Gippsland Shire Council

Property Details

Assessment Number:	
Property Address:	

Ratepayer Details

Full Name:		Date of Birth:	
Email:		Phone:	
Postal Address:			

Additional Ratepayer Details

Full Name:		Date of Birth:	
Email:		Phone:	
Postal Address:			

Reason for Applying

Please state your reason(s) for applying and include all supporting information.

Payment Plan Options

Financial Hardship Payment Plan

Proposed Start Date:			
Proposed Amount:	$	Proposed Frequency: (circle one)	Weekly Fortnightly Monthly

Financial Hardship Rates Deferral

Proposed Start Date:			
Amount:	$	Proposed Due Date:	
Deferrals will be offered to eligible applicants for a maximum of 12 months.			

Power of Attorney / Executor

If you are acting on behalf of an owner or ratepayer, please attach a copy of the Power of Attorney / Probate as evidence you are an authorised representative.

Privacy and Collection Statement

I,

- Certify that the information provided in this form is true and correct.
- Understand that South Gippsland Shire Council is collecting this information for the sole purpose of assessing my hardship application.
- Understand that it will be handled in accordance with the *Privacy and Data Collection Act 2014*.

Signature:		Date:	