

Application for postponement of rates on the basis of hardship

Registered Ow	rner(s):		
Property Addr	ess:		
If only one of t	the above owners is residing	g in the dwellir	ng at the above address please indicate:
Assessment N	umber:		
Date of Birth:			Date of Birth:
Phone Numbe	r(s):		
Email Address	:		
SECTION 2 – H	ARDSHIP or EXTENUATING	CIRCUMSTAN	CES
Complete this Act 1999 (as a		lying for a rate	relief under section 182 of Local Governmen
1. Is the	property for which you are	applying for ra	te relief your principal place of residence
	Yes		
	No		
2. Tick th	nat which applies to you.		
	I am the owner of the pr	operty	
	I am the spouse of the o	wner of the pr	operty
	None of the above		
3. What	is your Employment Status?	?	
	Full Time		Self Employed
	Permanent Part Time		Unemployed
	Casual		Retired
4. Do you	u hold or have you applied	for a State Gov	vernment concession?
	Yes		
	No		

Income (fortnightly)		\$
Salary or Wages		·
Pensions or Annuity P	ayments	
Other Government Pa		
Rental Income		
All Other Income		
	Total Fortnightly Income	
Expenses (fortnightly)		
Mortgage Payments		
Food Shopping		
Petrol		
Gas/Electricity		
Water		
Council Rates		
Entertainment		
All Other Expenditure		
	Total Fortnightly Expenses	
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Please outline the rea	Net Fortnightly Income/Expenses sons for your application. Attach a separate	·
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