

## APPLICATION FOR FINANCIAL HARDSHIP ASSISTANCE

Please provide the following supporting documentation for your Financial Hardship application:

- a) Completed Financial Hardship Assistance application form
- b) Bank statement (last 6 months)
- c) Mortgage statement (last 6 months)
- d) Any other document supporting your financial hardship application

You can submit your application to Council via:

- a) Email: [rates@fairfieldcity.nsw.gov.au](mailto:rates@fairfieldcity.nsw.gov.au) & [mail@fairfieldcity.nsw.gov.au](mailto:mail@fairfieldcity.nsw.gov.au)
- b) Post to PO Box 21 FAIRFIELD NSW 1860
- c) Administration Centre: 86 Avoca Road WAKELEY NSW 2176

### PART 1 - APPLICANTS DETAILS:

Full Name:	
Property Address:	
Assessment / Reference Number:	
Email Address:	
Contact Number:	

### PART 2 – OWNERSHIP OR RESIDENCY DETAILS:

- 2.1.- Is this property your principal home  Yes  No
- 2.2.- Is any part of the property tenanted?  Yes  No
- 2.3.- Do you own the property:
- a.) By yourself  Yes  No
  - b.) With Spouse  Yes  No
  - c.) With other person/persons?  Yes  No

If "yes" state name(s) and address(es) of the owner(s)

2.4.- How many people live at the property?

(Indicate by ticking  Self  Spouse  Children \_\_\_\_\_ (State Ages)

Others (insert number)  Boarders  Relatives

2.5.- Do you own or have interest in any other land or buildings: ( ) Yes ( ) No

If "yes", please state the address (es)

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**PART 3. OTHER DETAILS**

3.1.- How many children do you support?

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3.2.- What is the cause of the hardship?

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3.3.- How long have you been under hardship?

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**PART 4 – INCOME (State gross fortnightly amount received)**

a.- How much do you receive in pension and benefits?	
b.- Other sources of your income	
i.e. full/casual/part time employment, etc	
Rentals from Real Estate or assets	
Other	
c.- How much do you receive in Worker's Compensation, Superannuation, insurance or retirement benefits.	
d.- Spouse's income (if any)	
e.- State income of any other member of the family or person residing at the property (including pensions or other benefits)	
f.- Family Allowance	
g.- Family Maintenance income	

h.- Name & current balance of any Bank, building society, credit union, savings accounts, etc	
i.- Interest from Bank, credit union, building society, Credit union, savings account, etc	

**PART 5 – EXPENDITURE (State fortnightly payment)**

Commitment	To whom amount owed	Amount
Rent/Home Loan		
2 <sup>nd</sup> & other mortgages		
Personal loans		
Hire Purchase		
Credit Cards (including Store Cards)		
Health Costs (where there is a serious illness) Please write individual details and other relevant information.		

**PART 6 – OTHER RELEVANT INFORMATION**

To be completed if you think it will assist in the determination of relief.

**Authority**

I/We \_\_\_\_\_ hereby authorise Fairfield City Council to obtain verification of the statement made and I/We authorise the furnishing to Council of letters, statements and other documents relating to Me/Us in conjunction with this application.

.....  
Signature of Applicant(s)

**Statutory Declaration**  
*OATHS ACT 1900, NSW, NINTH SCHEDULE*

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I, ..... of .....  
*[name of declarant] [residence]*

do hereby solemnly declare and affirm that **the answer given to questions and other relevant information stated in pages (1) to (4) of this form is true and correct** .....

.....  
.....  
.....  
.....

*[the facts to be stated according to the declarant's knowledge, belief, or information, severally]*

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: ..... on .....  
*[place] [date]*

.....  
*[signature of declarant]*

in the presence of an authorised witness, who states:

I, ..... , a .....  
*[name of authorised witness] [qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[\* please cross out any text that does not apply]*

1. \*I saw the face of the person *OR* \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification<sup>1</sup> for not removing the covering, and
2. \*I have known the person for at least 12 months *OR* \*I have confirmed the person's identity using an identification document and the document I relied on was .....

*[describe identification document relied on]*

.....  
*[signature of authorised witness]*

.....  
*[date]*

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<sup>1</sup> The only "special justification" for not removing a face covering is a legitimate medical reason (at September 2018)