



SHIRE OF KENT FINANCIAL HARDSHIP APPLICATION

The Shire of Kent has adopted a Financial Hardship Policy as we know many in our community may be suffering financial hardship as a result of the Coronavirus (COVID-19) or other life events that impact a person's capacity to pay their Rates. We want to ensure that eligible Ratepayers can apply and be considered for assistance to meet their Rates payment responsibilities.

A successful application will result in a rates payment plan agreed between you and the Shire of Kent and if there is extreme financial hardship, penalty interest may be written off or not applied to the rates debt for a period of time.

Of course, the Shire of Kent expects that Ratepayers will make reasonable efforts to make payments in accordance with their agreed payment plan, but we do understand that things can change and you can contact us at any time to request an adjustment to your payment plan.

Are you eligible to apply?

Any Ratepayer experiencing difficulties in meeting their financial commitments is eligible to apply.

How is a decision made about my application?

Decisions about financial hardship applications will be assessed based on the information provided in the application form and attachments submitted. This information will be assessed against the requirements of the Shire of Kent Financial Hardship Policy. You can read the Financial Hardship Policy on our website www.kentshire.wa.gov.au or request a copy from our Rates Section.

After you submit an application, we will contact you if we need more information.

Do you need help to make an application?

Contact our Rates Section on (08) 9829 1051 and one of our friendly staff will be able to assist you. We can assist you over the phone, in a face to face appointment or we can connect you with other financial counselling or community support agencies to meet your needs.

Privacy and Confidentiality

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your rates debt.

Right to have the decision reviewed

If you are not happy with our decision about your application, you can ask for the decision to be reviewed. Decision review requests can be submitted to the Chief Executive Officer, who will consider your request and advise you of the outcome. Email your request to ceo@kent.wa.gov.au or mail to PO Box 15, Nyabing WA 6341

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA – check the website www.ombudsman.wa.gov.au or Phone 08 9220 7555, Freecall 1800 117 000 or email mail@ombudsman.wa.gov.au



RATEABLE PROPERTY DETAILS

Address:			
	Suburb:		Postcode:
Assessment Number <i>(if known)</i>			
Outstanding Rate Account Balance <i>(if known)</i>	\$		
Is the property owner / occupied or is it rented?	<input type="checkbox"/> Owner/Occupied		
	<input type="checkbox"/> Tenanted Rental		
	<input type="checkbox"/> Untenanted Rental		
If the property is rented, how is it managed?	<input type="checkbox"/> Managing Agent (provide agent's name)		
	<input type="checkbox"/> Privately managed		
If you are the lessee of the rateable property, what type of lease do you hold?	<input type="checkbox"/> Peppercorn	<input type="checkbox"/> Mining tenement	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Crown	

APPLICANT DETAILS

Ratepayer 1

Company Name			
Surname:		First Name:	
Residential Address:	Suburb:		Postcode:
Postal Address	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	
If we need to phone you, what time of day is most convenient for you?			
<input type="checkbox"/> Business Hours 9am – 5pm <input type="checkbox"/> Early Morning 6am – 9am <input type="checkbox"/> Evening 5pm to 7pm			

Ratepayer 2

Company Name			
Surname:		First Name:	
Residential Address:	Suburb:		Postcode:
Postal Address	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	
If we need to phone you, what time of day is most convenient for you?			
<input type="checkbox"/> Business Hours 9am – 5pm <input type="checkbox"/> Early Morning 6am – 9am <input type="checkbox"/> Evening 5pm to 7pm			



FAMILY CIRCUMSTANCES

Are you supporting dependents?

<input type="checkbox"/>	Spouse / Partner
<input type="checkbox"/>	Children How many dependent children do you support? <input type="text"/>
<input type="checkbox"/>	Other (please provide details)

NOMINATE AN AUTHORISED AGENT

You can authorise another person to deal with the Shire of Kent regarding your financial hardship application and rates debt:

Agency Name:	<input type="text"/>		
Contact Surname:	<input type="text"/>	First Name:	<input type="text"/>
Contact Address:	<input type="text"/>		
	Suburb:	<input type="text"/>	Postcode: <input type="text"/>
Email:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>

PREVIOUS RATE PAYMENT ARRANGEMENTS

Please tell us what option you chose to pay your rates in the last financial year.

<input type="checkbox"/>	Paid in Full
<input type="checkbox"/>	Instalments x 2 payments Paid in Full <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Instalments x 4 payments Paid in Full <input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Special Payment Plan <input type="checkbox"/> Plan still active OR <input type="checkbox"/> Plan cancelled (defaulted)
<input type="checkbox"/>	Unknown (The Shire of Kent can find this information in our records if you are unable to provide it here.)
<input type="checkbox"/>	Other (please provide details)

RATE CONCESSION ENTITLEMENT

You may be entitled to a Rates concession or deferment.

Applicant 1	Applicant 2	Do currently you hold any of the following cards?
<input type="checkbox"/>	<input type="checkbox"/>	Seniors Card ONLY
<input type="checkbox"/>	<input type="checkbox"/>	WA Seniors Card AND a Commonwealth Health Care Card (you must have both cards)
<input type="checkbox"/>	<input type="checkbox"/>	Pensioner Concession Card OR State Concession Card



FINANCIAL HARDSHIP INFORMATION

Please tell us about the reasons your financial circumstances have changed.

		Ratepayer 1	Ratepayer 2
Have you petitioned for bankruptcy? <i>If yes, you are <u>not</u> eligible under the Financial Hardship Policy.</i>		<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>Please select all applicable reasons from the list below:</i>			
<input type="checkbox"/>	Is your financial hardship caused by the impacts of the Coronavirus (COVID-19)? 'Yes' or 'No' won't affect your application, but will help to understand the impact of the pandemic.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<input type="checkbox"/>	Unemployed Date employment ceased:		
<input type="checkbox"/>	Under-employed Average hours worked p/week:		
<input type="checkbox"/>	Temporarily stood-down Date of stand-down:		
<input type="checkbox"/>	Income has been reduced <i>Please provide details in the Financial Information section below.</i>		
<input type="checkbox"/>	Unable to work due to responsibilities as a carer	<i>Please attach copy of letter from medical practitioner</i>	
<input type="checkbox"/>	Unable to work due to physical or mental health diagnosis		
<input type="checkbox"/>	Diagnosed with Coronavirus (COVID-19) and unable to work		
<input type="checkbox"/>	Unable to work due to self-isolation	Start Date:	
		End Date:	
<input type="checkbox"/>	Death in the family		
<input type="checkbox"/>	Family or domestic violence		
<input type="checkbox"/>	Other <i>(Please provide details)</i>		

CURRENT FINANCIAL INFORMATION

Accurate financial information is important so you do not commit to an unrealistic payment plan

INCOME <i>Please provide <u>monthly</u> Net Income</i>		Ratepayer 1	Ratepayer 2
<input type="checkbox"/>	Wages / Salary	\$	\$
<input type="checkbox"/>	Pension or other Government Benefit	\$	\$
<input type="checkbox"/>	JobKeeper	\$	\$
<input type="checkbox"/>	JobSeeker	\$	\$
<input type="checkbox"/>	Interest or earnings from banks, financial institutions or dividends	\$	\$
<input type="checkbox"/>	Compensation, superannuation, insurance or retirement benefits	\$	\$
<input type="checkbox"/>	Child Support Payments	\$	\$
<input type="checkbox"/>	Rental income	\$	\$
<input type="checkbox"/>	Other income? (Please describe)	\$	\$
Office Use ONLY		Calculate Total Monthly Income	
		\$	



If Reduced Income is a reason for this Financial Hardship Application, please complete:		Ratepayer 1	Ratepayer 2
Previous monthly income:		\$	\$
Date that reduced income occurred:		/ / 2020	/ / 2020
Current monthly income:		\$	\$
Office Use ONLY	Calculate Monthly Income Reduction	\$	

EXPENSES			\$ Amount per month
<i>Please provide monthly household expenditure as a total for all applicants :</i>			
<input type="checkbox"/>	Mortgage / Home Loan		\$
<input type="checkbox"/>	Other Mortgages / business loans		\$
<input type="checkbox"/>	Other loans		\$
<input type="checkbox"/>	Credit Card/s		\$
<input type="checkbox"/>	Utilities	Power	\$
		Water	\$
		Internet	\$
		Phone/s	\$
<input type="checkbox"/>	Insurances		\$
<input type="checkbox"/>	Food and living expenses		\$
<input type="checkbox"/>	Motor vehicle expenses (<i>licensing, repairs, fuel</i>)		\$
<input type="checkbox"/>	Entertainment (<i>streaming services / eating out, etc</i>)		\$
<input type="checkbox"/>	Other expenditure? (<i>Please provide details</i>)		\$
Office Use ONLY	Calculate Total Monthly Expenditure		\$

SUPPORTING DOCUMENTS

Please provide copies of documents you may have to support this application.

<input type="checkbox"/>	Letter from financial counsellor, confirm financial hardship circumstances
<input type="checkbox"/>	Letter from medical practitioner
<input type="checkbox"/>	Centrelink payment evidence
<input type="checkbox"/>	Letter from your employer / recent payslips
<input type="checkbox"/>	Letter from another agencies that has deemed you to be in financial hardship <i>i.e. your bank, superannuation fund or utility provider</i>
<input type="checkbox"/>	Statutory declaration from a professional familiar with your financial circumstances <i>i.e. family doctor, accountant</i>
<input type="checkbox"/>	Other (<i>please list</i>)



PAYMENT PROPOSAL

Please provide a payment proposal that, if approved, will be your commitment to make payments toward your rates debt.

Before selecting an option below, please consider all your financial commitments so that your payment proposal will **not** limit your ability to meet basic living expenses for you and your dependents.

<input type="checkbox"/>	OPTION 1 Regular Payment Plan											
	Nominate how much you want to pay and how frequently you want to pay this amount. <u>This option is preferred</u> as it will help you to reduce your rates debt through regular payments. This option helps to avoid having to make a large single payment that may impact your ability to meet basic living expenses for you and your dependents.											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Proposed Payment Amount:</td> <td style="width: 60%;">\$</td> </tr> <tr> <td rowspan="2" style="width: 40%;">Proposed Payment Frequency</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Weekly</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Fortnightly</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Monthly</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Bi-monthly</td> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Quarterly</td> </tr> <tr> <td>Proposed Start Date:</td> <td></td> </tr> </table>	Proposed Payment Amount:	\$	Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Quarterly		Proposed Start Date:	
Proposed Payment Amount:	\$											
Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly									
	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Quarterly										
Proposed Start Date:												

<input type="checkbox"/>	OPTION 2 Defer Payment in Full		
	Nominate a date on which you will pay your rates debt in full. This option may be suitable if you are <u>temporarily</u> unable to work or <u>temporarily</u> have reduced income and you <u>know</u> when your circumstances will return to normal. <u>DO NOT select this option</u> if you are not certain that you can pay your rates debt in full on or before the nominated date, as if you fail to do so, the Shire of Kent may initiate debt collection proceedings.		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Please defer my rates debt DUE DATE to:</td> <td style="width: 30%; text-align: center;"><i>(Write date here)</i></td> </tr> </table>	Please defer my rates debt DUE DATE to:	<i>(Write date here)</i>
Please defer my rates debt DUE DATE to:	<i>(Write date here)</i>		

DECLARATION

I declare that the information provided in this Financial Hardship Application is accurate and I will advise the Shire of Kent if there is any change to my / our financial circumstances.

Ratepayer 1 Signature		Date:	
Ratepayer 2 Signature		Date	