Financial Hardship Application

This form is to be completed by Ratepayers who are presently suffering financial hardship and If rates and service charges are due wish to receive consideration in this regard. It is recommended that you read Policy 2.1.7 Debt Collection prior to completing this application.



CONTACT INFORMATIO	<u>N</u>		
Full Name:			
Organisiation:			
Address:			
Postal Address:			
Contact Number:		Mobile:	
Email:			
PROPERTY DETAILS			
Assessment Number :			
Property Address:			
PROPOSED PAYMENT P	LAN.		
		ovide information about their ind porting documentation is included	ividual circumstances that may be relevant d within this application.
Outstanding amount:	Ś		

Jutstanding amount:	ې	
Amount to be paid:	\$	
To be paid per:	Week:	
	Fortnight:	
	Month:	
	Other:	
Commencement date : _		

Additional information and details relating to this application :

CONDITIONS

- By signing this form you are agreeing to the conditions below:
- 1. It is the responsibility of the ratepayer to ensure that the agreed payment amounts are paid on or before the agreed due date.
- 2. The Town of East Fremantle requires full payment of the outstanding rates by the end of the financial year. If a Ratepayer requires an extension on this timeframe an end date must be negotiated and approved by the Executive Manager of Corporate & Community Services.
- 3. The ratepayer will be responsible for informing the Town of any change in circumstance that jeopardises the agreed repayment schedule.
- 4. Where a ratepayer meets the Financial Hardship Criteria and on the provision that all rates arrears are paid in full Payment arrangements will incur a \$0 administration fee and the Town reserves the right to waive late penalty interest, excluding the late payment interest and Service Charges applicable to the Emergency Services Levy.
- 5. For the purpose of recovering rates and service charges, where a rate payer has not made payment arrangements for overdue rates and service charges or maintained an agreed repayment schedule they may be subject to the Towns debt recovery procedures outlined in Council Policy 2.1.7 Debt Collection.
- 6. The ratepayer will be responsible for informing the Town of East Fremantle of any change in circumstance that jeopardises this payment arrangement.
- 7. Payments can be made using BPAY through your bank or financial institution. The biller code for the Town of East Fremantle is 889220 and your BPAY Reference Number is your payment account number on your rates notice.

SUBMISSION

admin@eastfremantle.wa.gov.au, PO Box 1097, Fremantle WA 6959 or 135 Canning Highway, East Fremantle

For additional information please contact the Town of East Fremantle on 9339 9339

OFFICE USE ONLY		
Rates Officer:	Approve:	Decline:
Executive Manager Corporate Services:	Approve:	Decline:
Signature:		Date: