

Yarra Ranges Council
Application for Financial Hardship
Agreement.



Deferment of Rates and Charges

CONFIDENTIAL

NAME OF APPLICANT:.....

DATE OF BIRTH.....

MAILING ADDRESS.....

TELEPHONE NO:..... (HOME/WORK/MOBILE)

EMAIL ADDRESS.....

PLEASE CIRCLE PREFERRED RESPONSE METHOD? EMAIL/POST

WHICH PROPERTIES ARE YOU APPLYING FOR?		
ASSESSMENT NUMBER	ADDRESS	YOUR RELATIONSHIP TO PROPERTY (OWNER, TENANT)

Please Note: Additional properties may be recorded on the reverse side of this notice.

IN THE SPACE BELOW, PLEASE PROVIDE DETAILS OF THE CIRCUMSTANCES THAT HAVE LED TO YOU BEING IN A POSITION OF FINANCIAL HARDSHIP AND UNABLE TO PAY YOUR RATES.

- WHAT HAS HAPPENED? Examples may include Illness, unemployment, COVID-19
- DATES? Examples may include Date of unemployment, length of illness.
- FINANCIAL EFFECTS? The affect the above has had on your income or expenditure.

Please Note: Additional information may be recorded on the reverse side of this notice.

I, THE UNDERSIGNED HEREBY SOLEMNLY DECLARE THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF MY CIRCUMSTANCES AND I REQUEST THAT THE RATES AND/OR CHARGES ON MY PROPERTY BE DEFERRED. I UNDERSTAND THAT COUNCIL MAY CONTACT ME TO REQUEST FURTHER DETAILS AND RESERVES THE RIGHT TO RESCIND ANY ASSISTANCE PROVIDED IF THE ABOVE INFORMATION IS BELIEVED TO BE DELIBERATELY MISLEADING.

Signature of Applicant _____ Date _____

If you require assistance please contact Property Rating Services on 1300 368 333

Please complete this form and return to: PO Box 105, LILYDALE 3140

or

mail@yarraranges.vic.gov.au