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Financial Hardship Application Form

The Shire of Denmark recognises that at times there could be cases of genuine financial hardship, where debtors (sundry and rates) will experience difficulty in paying fees, rates and service charges as they fall due. The Shire of Denmark has adopted a Financial Hardship Policy P030104 and this applies to all debtors (sundry and rates) experiencing genuine financial hardship in relation to:

- a) Outstanding fees, rates and service charges; and
- b) Future fees, rates and service charges levied.

Please complete and submit this application to:

Shire of Denmark
PO Box 183
Denmark WA 6333

Or email to:
info@denmark.wa.gov.au

Applicant Details

APPLICANT 1

APPLICANT NAME: _____

POSTAL ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

APPLICANT 2 (if applicable)

APPLICANT NAME: _____

POSTAL ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PROPERTY DETAILS

ACCOUNT NUMBER: _____

PROPERTY ADDRESS: _____

Is this application being lodged on behalf of a Body Corporate or Community organisation?

Yes
 No

DETAILS OF FINANCIAL HARDSHIP

REASON FOR EXPERIENCING FINANCIAL HARDSHIP

	Rates	
	Commercial Lease	
	Self-Supporting Loan	
	Sundry Debt	

REPAYMENT ARRANGEMENT PROPOSAL

What is the total amount owing and the amount and frequency you can afford to commit to?

Total Amount Owing	
Payment Plan Amount	
Frequency	
End Date	

SUPPORTING DOCUMENTATION

This application must be accompanied with a copy of a financial hardship letter from a qualified financial body (e.g. a fully accredited member of Financial Counsellors Association of Western Australia or Bank). By providing this document, the applicant has authorized the Shire of Denmark to reproduce this document for internal purposes only.

DECLARATION

It is hereby declared that:

- I am/we are experiencing financial hardship.
- I am/we are not bankrupt or subject to a bankruptcy petition.
- I/We will advise the Shire of Denmark if there is any change to my/our financial circumstances.

Applicant 1 Signature: _____ Date: _____

Applicant 2 Signature: _____ Date: _____