

FINANCIAL HARDSHIP APPLICATION

The City of Bunbury has adopted a Financial Hardship Policy as we know many in our community may be suffering financial hardship as a result of 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 City of Bunbury and if there is extreme financial hardship, penalty interest may or not be applied to the rates debt for a period of time.

Of course, the City of Bunbury 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 City of Bunbury's Financial Hardship Policy. You can read the Financial Hardship Policy on our website <https://cdn.bunbury.wa.gov.au/wp-content/uploads/2023/10/Financial-Hardship-Council-Policy.pdf> 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?

Please contact our Rates Section on (08) 9792 7243 and one of our helpful 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 info@bunbury.wa.gov.au or mail to PO Box 21, Bunbury, WA, 6231.

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 8am – 5pm <input type="checkbox"/> Early Morning 8am – 9am <input type="checkbox"/> Afternoon 2pm - 4pm			
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 8am – 5pm <input type="checkbox"/> Early Morning 8am – 9am <input type="checkbox"/> Afternoon 2pm - 4pm			

FAMILY CIRCUMSTANCES

Are you supporting dependents?

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

NOMINATE AN AUTHORISED AGENT

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

Agency Name:			
Contact Surname:		First Name:	
Contact Address:			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

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 4 payments	Paid in Full <input type="checkbox"/> Yes / <input type="checkbox"/> No	
<input type="checkbox"/>	Direct Debit	<input type="checkbox"/> Plan still active OR <input type="checkbox"/> Plan cancelled <i>(defaulted)</i>	
<input type="checkbox"/>	Unknown <i>(The City of Bunbury can find this information in our records if you are unable to provide it here.)</i>		
<input type="checkbox"/>	Other <i>(please provide details)</i>		

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 <i>(you must have both cards)</i>
<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"/>	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		
<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"/>	Death in the family		
<input type="checkbox"/>	Other (Please provide details)		

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 agency 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 (please list)

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. This option is preferred 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.		
	Proposed Payment Amount:	\$	
	Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
		<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. DO NOT select this option 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 City of Bunbury may initiate debt collection proceedings.	
	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 City of Bunbury if there is any change to my / our financial circumstances.

Ratepayer 1 Signature		Date:	
Ratepayer 2 Signature		Date	

Please return completed Financial hardship Application to either:

info@bunbury.wa.gov.au

or

In Person to 4 Stephen Street, Bunbury