

APPLICATION FOR RATE RELIEF DUE TO HARDSHIP OR EXTENUATING CIRCUMSTANCES

Complete this form only if you are applying for a rate relief under section 182 of the Local Government Act 1999.

The information that you provide on and with this application is required to assist Council to assess your application for rate relief. Please note that the penalty for providing false or misleading information on this form is an offence under the Local Government Act 1999.

Assistance with completing this form?

If you require assistance to complete the application form, or want more information about rate relief, please contact Council's Rates Officer on telephone 08 8525 3200.

Lodging your application?

Once the application form is completed, either:

<u>Post to:</u> Light Regional Council PO Box 72 KAPUNDA SA 5373	<u>Deliver in person to:</u> Council office 93 Main Street KAPUNDA or, Council office 12 Hanson Street, FREELING	<u>Email to:</u> light@light.sa.gov.au
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Questions and Information Section

1. General Information

Please list the Assessment Number, valuation number and address of the property or properties for which you are applying for rate relief.

Assessment Number (4 digits)	Valuation Number (10 digits)	Property Address

2. Applicant's Details

Name:

Residential Address:

Postal Address:

Daytime Phone Number:

Email:

3. Is the property for which you are applying for rate relief (listed in Question 1) your principal place of residence?
- [] Yes (If so, what is the Assessment Number)
- [] No
4. Tick that which applies to you:
- [] I am the owner of the property listed at Question 1.
- [] I am the spouse of the owner of the property listed at Question 1.
- [] None of the above.
5. What is your employment status?
- [] Full Time.
- [] Permanent Part Time.
- [] Casual.
- [] Self Employed.
- What is your profession?
- [] Unemployed.
- [] Retired.
6. How long have you owned the property listed at Question 1?
- [] Over 10 years.
- [] Over 3 years but less than 10 years.
- [] Less than 3 years.
7. How many dependents do you have?
- [] Spouse
- [] Children Number of Child dependents []
8. Please complete the following fortnightly **household** income and expenditure statement.

Expenses (fortnightly)		Income (fortnightly)	
Mortgage or Loan Payments	\$	Salary or Wages	\$
Food Shopping	\$	Pensions or Annuity Payments	\$
Petrol	\$	Other Government Payments	\$
Gas and Electricity	\$	Rental Income	\$
Water	\$	All Other Income	\$
Council Rates	\$		
Entertainment	\$		
All Other Expenditure	\$		
Total Fortnightly Expenses	\$	Total Fortnightly Income	\$
Net Fortnightly Income / Expenses (*Income <u>less</u> Expenses)			\$

Has the above financial information been verified as correct by a financial counsellor, bank manager, practising accountant or another person?

☐ Yes (If so, what is the person's name and position?

Name:

Position:

Contact detail:.....

☐ No

9. Please outline the reasons for your application. Attach a separate piece of paper if required.

Hardship or Extenuating Circumstances Declaration

The following arrangements apply to the postponement or remission of rates under Hardship or Extenuating Circumstances.

Council may decide in granting approval or postponement of rates (by advising in writing at the commencement of postponement) to charge interest on the postponed amount. The interest rate which will apply is the cash advance rate in line with section 182(2) of the Local Government Act 1999. The interest will be applied to the total amount postponed on a monthly basis, compounded until the amount is paid.

Any postponed rates debt (including all charges and interest) is payable at the time of disposal or sale of the property, or when the postponement period is complete (whichever occurs first). However, the ratepayer has the discretion to pay all or part of the debt at any time before this.

If the application is approved, and a postponed rates debt applies to the property, the ratepayer must inform the Council in writing following the sale of the property.

Ratepayer Declaration

I understand the above arrangements apply to the postponement or remission of rates under hardship or extenuating circumstances.

I declare that the information I have provided in this application is true and correct to the best of my knowledge.

I am prepared to attend an interview to discuss this application further if required.

Applicant's Name

Applicant's Signature

Date