

**Contact Details:**

Postal Address: PO Box 177, Macksville NSW 2447  
Telephone: (02) 6568 2555

**Office Location:**

44 Princess Street, Macksville NSW 2447

**Website:**

www.nambucca.nsw.gov.au

**Email:**

council@nambucca.nsw.gov.au

Updated: July 2023 Our Ref:18310/2020

## APPLICATION FOR HARDSHIP ASSISTANCE

**SECTION 1 :To be completed by ALL applicants**

This application is for the whole or part of the year commencing: **1 July 20**\_\_\_\_\_

**Applicant details**

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Company Name  
(if applicable) \_\_\_\_\_

Rates Assessment No: \_\_\_\_\_ ABN No: \_\_\_\_\_

**Address of Property or Business** (or address of company office)

Street address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Telephone numbers/email**

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 2: Income**

**Income:** Your total average weekly income after tax \$ \_\_\_\_\_  
Income of spouse/partner \$ \_\_\_\_\_  
Any other income, eg. rent, board etc., \$ \_\_\_\_\_

**Employment** Please provide details of your employer

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide details of your spouse/partner's employer:**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 3: Assets**

**Assets:**                      **Property Address** *(if different to above address)*                      **Value** \$ \_\_\_\_\_

*Property owned by you* \_\_\_\_\_  
 \_\_\_\_\_

**Financial:**                      **Institution Name:** \_\_\_\_\_

**Bank or Financial Institution**                      **Account Name** \_\_\_\_\_

*(Please provide details of any funds in bank or financial institutions)*                      \_\_\_\_\_

\_\_\_\_\_ **BSB**                      \_\_\_\_\_ **ACCOUNT NO.**                      **\$** **VALUE**

**Institution Name:** \_\_\_\_\_

**Account Name** \_\_\_\_\_

\_\_\_\_\_ **BSB**                      \_\_\_\_\_ **ACCOUNT NO.**                      **\$** **VALUE**

**Institution Name:** \_\_\_\_\_

**Account Name** \_\_\_\_\_

\_\_\_\_\_ **BSB**                      \_\_\_\_\_ **ACCOUNT NO.**                      **\$** **VALUE**

**Investments**                      **Institution Name:** \_\_\_\_\_

*Please provide details of all your investments*                      **Investment Type** \_\_\_\_\_

**Full Name of all owners:** \_\_\_\_\_

**No. of shares held** \_\_\_\_\_                      **Your % of shares** \_\_\_\_\_

**Motor vehicles, motor cycles, boats:**

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Registration</b>	<b>\$ Insured or Market Value</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Household Contents**                      **\$** \_\_\_\_\_

**Other Personal Property – Please specify:**                      **\$** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: Total value of property owned by you**

Assets	\$
Bank / Financial Institution	\$
Investments	\$
Motor Vehicles, Motor Cycles, Boats	\$
Household Contents	\$
Other Personal Property	\$
<b>TOTAL VALUE OF PROPERTY OWNED</b>	<b>\$</b>

**SECTION 5: Liabilities**

	<b>Name of Bank/Institution</b>	<b>Total Amount</b>
Home Mortgage	_____	\$
Other Loans	_____	\$
Credit Cards	_____	\$
Store Cards	_____	\$
Other Liabilities	_____	\$
	<b>TOTAL LIABILITIES</b>	<b>\$</b>

**SECTION 6: Expenditure**

	<b>Total Amount</b>
Maintenance	\$
Fares	\$
Clothing and Shoes	\$
Medical/Hospital Funds	\$
Entertainment / Hobbies	\$
Chemist / Pharmaceutical	\$
Credit Cards and Store Cards	\$
Hire Purchase Payments	\$
Other Necessary Commitments	\$
	<b>TOTAL EXPENDITURE</b>

**SECTION 7: Dependents** *(Please advise the number of dependents living at home and their ages)*

Number \_\_\_\_\_ Ages \_\_\_\_\_

**SECTION 8: Cause of Financial Hardship**

**What are the circumstances that have caused your financial hardship?**

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**SECTION 9: Additional Questions Regarding Your Financial Circumstances**

**Do you have any income, assets or liabilities not disclosed in this document? YES or NO**

If **YES**, please give details of the other income, assets or liabilities:

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**What arrangements are you prepared to make to satisfy this debt?**

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**Additional information:**

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**SECTION: 10 Documentation**

Please **attach** copies of the following documents or things that are in your possession or control to show your true financial circumstances by the Applicant and returned with this application form. Evidence of:

- Income
- Employment Details
- Property owned
- Bank, Building Society or Credit Union accounts
- Investments
- Motor vehicle/s, motor cycles or boats etc.,
- Household contents
- Other personal property

**SECTION: 11 Signatures and submission of documentation**

The information contained in this document is true and correct and I have **attached** all copies of documentation as requested.

_____	_____	_____
<b>Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Name</b>	<b>Signature</b>	<b>Date</b>

Please complete sign and return this form together with all supporting documentation to Nambucca Valley Council.

BY EMAIL: Scan and email to [council@nambucca.nsw.gov.au](mailto:council@nambucca.nsw.gov.au)  
BY POST: PO Box 177, Macksville NSW 2447  
BY HAND: Council's Administration Centre at 44 Princess Street, Macksville NSW 2447