

Complete this form only if you are applying for rate relief under Section 182 of the Local Government Act (as amended) being

(1) If a council is satisfied on the application of a ratepayer that payment of rates in accordance with this Act would cause hardship, the council may –

(a) postpone payment in whole or in part for such period as the council thinks fit:

Or

(b) remit the rates in whole or in part

Applicant Name/s			
<b>Surname 1:</b>	<b>Surname 2:</b>		
<b>Given Names :</b>	<b>Given Names</b>		
<b>Property Address:</b>	<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Postal Address (if different to above address):</b>	<b>Suburb:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Telephone number/s</b>			
<b>Email address</b>			
<b>Property details</b>			
<b>Valuer General Number:</b>			
<b>Rates Balance Outstanding:</b>		<b>As At Date:</b>	
Application details			
Is the property for which you are apply for rate relief your principal place of residence [ ] Yes [ ] No			
<b>Tick which applies to you</b>			
I am the owner of the property as listed above		[ ]	
I am the spouse of the owner of the property listed above		[ ]	
<b>What is your employment status</b>			
Full time		[ ]	
Permanent		[ ]	
Casual		[ ]	
Self Employed		[ ]	
Unemployed		[ ]	
Retired		[ ]	
Do you hold or have you applied for a State Government Concession		[ ] Yes [ ] No	
How long have you owned the property listed above			
[ ] over 10 years			
[ ] over 3 years but less than 10 years			
[ ] less than 3 years			
How many dependant children do you have?			
Please complete page 2 and provide any supporting evidence relating to your application (ie) letters of recommendation from a financial adviser			

# RATES FINANCIAL HARDSHIP APPLICATION

Local Government Centre 2 Seventh Street Murray Bridge SA 5253 Phone 08 8539 1100 Fax 08 8532 2766 [council@murraybridge.sa.gov.au](mailto:council@murraybridge.sa.gov.au) [www.murraybridge.sa.gov.au](http://www.murraybridge.sa.gov.au)

Please complete the following fortnightly household income and expenditure statement

<b>Income (Fortnightly)</b>		
Salary or wages		
Pensions or annuity income		
Other Government Payments		
Rental Income		
All other income		
<b>Total fortnightly income</b>		
<b>Expenditure (Fortnightly)</b>		
Mortgage payments		
Car payments		
Food expenses		
Fuel expenses		
Power expenses (gas/electricity)		
Water		
Council rates		
All other expenditure		
<b>Total fortnightly expenditure</b>		
<b>Nett fortnightly income/expenses</b>		
<b>Applicant's Signature</b>		
<b>Name:</b> Please print		
<b>Signature:</b>		<b>Date:</b>

### IMPORTANT INFORMATION

It is an offence for a person or body to make a false or misleading statement or representation in an application or to provide false or misleading information or evidence in support of an application made (or purporting to be made) under the Local Government Act 1999. The maximum penalty for this offences is \$5,000 (Section 159(2) of the Local Government Act 1999)

### Office Use Only

<b>Applicant interviewed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>		<b>Initials:</b>	
<b>Supporting documentation received</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>		<b>Initials:</b>	
<b>Letter Of Confirmation/Outcome Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>		<b>Initials:</b>	