

## APPLICATION FOR FINANCIAL HARDSHIP

I,.....of.....

.....

Apply for hardship relief on the following grounds:

1. Cause of financial hardship:

.....

.....

.....

.....

2. How long have you been in hardship:.....

3. Do you receive any pensions or benefits:  Yes  No

4. Is this property your principal place of residence?  Yes  No

5. Do you rent the property?  Yes  No

6. How many people live at the property? .....

Self  Spouse / Defacto  Others ..... (Specify)

Relatives  Children (please note ages): .....

7. Do you own or have an interest in any other land or buildings?  Yes  No

If "Yes", state address: .....

8. Proposed Payment Arrangement:

Amount: \$.....  Weekly  Fortnightly  Monthly

I declare that the information provided in this application is true and correct:

Signature: ..... Date:.....

### PRIVACY:

Information contained in this application will be treated as private and confidential, used only for the purpose of assessing eligibility under the Hardship Policy.