

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'n/a'.

I am a:

Property Owner

Ratepayers full name/s	
Rate Assessment Number	
Property Address	

1. Personal Details- Enter full name/s of the registered owner/s property

Applicant 1		Date of Birth	
Title		Marital Status	
Surname		First Names	
Principal Place of Residence	Yes	No	(if no, refer to Policy as you may not be eligible to apply)
Pensioner	Yes	No	If yes, type of Pension and Card No
Number of Dependants			Age of Dependants
Are you employed	Yes	No	Name of Employer

Correspondence: Chief Executive Officer, Whitsunday Regional Council, PO Box 104, Proserpine, QLD 4800
P: 1300 WRC QLD (1300 972 753) **F:** (07) 4945 0222 **E:** info@whitsundayrc.qld.gov.au **www:** www.whitsundayrc.qld.gov.au

Bowen
Cnr Herbert & Powell Streets
Bowen QLD 4805

Proserpine
83-85 Main Street
Proserpine QLD 4800

Collinsville
Cnr Stanley & Conway Streets
Collinsville QLD 4804

Cannonvale
Shop 23, Whitsunday Plaza
Shute Harbour Road, Cannonvale QLD 4802

Applicant 2			Date of Birth	
Title			Marital Status	
Surname			First Names	
Principal Place of Residence	Yes	No	(if no, refer to Policy as you may not be eligible to apply)	
Pensioner	Yes	No	If yes, type of Pension and Card No	
Number of Dependants			Age of Dependants	
Are you employed	Yes	No	Name of Employer	

2. Residential Address	
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3. Postal Address	
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4. Contact Details

Home Phone		Work Phone	
Mobile #1		Mobile #2	
Email:			

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5. Background (additional pages may be added if space is insufficient)

Please provide a short written explanation detailing the financial hardship/s that has/have affected your ability to meet your rate commitments (i.e. decline in your income).

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6. Property Owner/s – Statement of Assets and Liabilities

Assets	Amount/Value \$	Liabilities	Amount Owning \$
Real Estate (this property)	\$	Housing Loan	\$
Real Estate (other)	\$	Other Bank or CU Loan	\$
Cash on hand	\$	Other Loans (Total)	\$
Bank or Credit Union Accts	\$	Credit Card Debt (Total)	\$
Investments (e.g. bonds, shares etc.)	\$	Owing to ATO	\$
		Other Liabilities (not specified above)	\$
Motor vehicles, boat, caravan etc.	\$	Other Loan	\$
Other Assets (not specified above)	\$		\$
Total Assets	\$	Total Liabilities	\$
Less Total Liabilities	\$		
Net Position	\$		

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7. Combined Statement of Income and Expenditure (Please attach documentary proof of income (e.g. payslips) and Expenses (e.g. bills))

Source of Income (after tax)	Amount per fortnight
Salary or Wages:	\$
Centrelink	\$
Child Support	\$
Board/Rent received	\$
Other	\$
① Total Net Income for fortnight	\$

Living expenses – Amount per fortnight

Mortgage	\$	Food/Household	\$
Body Corp Fees	\$	Electricity/Gas	\$
Loan repayments	\$	Mobile Phone/Internet	\$
Credit Cards (Total)	\$	Entertainment (Pay TV)	\$
Child Support	\$	Fuel	\$
Other (please detail)	\$	Boat Maintenance	\$
Insurance (House, Car etc)	\$	Education	\$
Lifestyle	\$	Sundry (clothes etc)	\$
Other (please specify)	\$	Other (please specify)	\$
		② Total Expenses per fortnight	\$
		① Total Income	\$
		Surplus/Deficit per fortnight	\$

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8. Your Proposal

I hereby make application to pay outstanding rates/water on my property by the way of:

Rates Weekly / Fortnightly / Monthly Instalments of:

\$

If approved, payments are to commence on:

Date

Water Weekly / Fortnightly / Monthly Instalments of:

\$

If approved, payments are to commence on:

Date

10. Purpose of you Application – What type of relief are you requesting Council to approve?(Refer to Council's Rate Relief Policy (www.whitsundayrc.qld.gov.au))

Previous Assistance

Have you ever applied for Rates Assistance before?

Yes

No

If yes, when?

What assistance was provided

Privacy Statement

Whitsunday Regional Council is collecting your name, address, contact phone number, details of the matter that could be deemed as your personal information and signature for declaration. This information will be used for the purpose of assessing your application and ensuring that we are able to remain in contact with you regarding the status of your application. This information will only be accessed by employees, contractors and/or Councillors of the Whitsunday Regional Council. Subject to the above disclosure, your personal information will not be given to any other agency unless you have given us permission or we are authorised or required by law to do so.

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STATUTORY DECLARATION

As per Queensland legislation, Statutory declarations cannot be made/witnessed electronically. As such please print and complete (including certification by Justice of Peace or Commission of Declarations) this statutory Declaration and post it to Council.

I/We:

.....

.....

of:

.....

In the State of Queensland, do solemnly and sincerely declare all the answers to be true and correct and I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867.

TAKEN AND DECLARED

AT:

DAY OF

BEFORE ME

Justice of the Peace / Commissioner for Declarations

This application should be forwarded to:

The Chief Executive Officer
Whitsunday Regional Council
PO Box 104
PROSERPINE QLD 4800

Mark your envelope

PRIVATE & CONFIDENTIAL

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