

COVID-19 FINANCIAL HARDSHIP APPLICATION

To be considered for COVID-19 Financial Hardship Assistance, you are required to demonstrate financial hardship by:

- 1. Completing this form and returning it to the City.
- 2. Providing supporting evidence to include one of the following:

For individual applicants

- Letter from a Financial Counsellor.
- Statutory Declaration confirming loss of job or reduction in income due to COVID19 and proof of Centrelink benefits inclusive of JobSeeker payment.
- Medical Certificate/medical evidence confirming inability to work due to COVID-19.
- Letter from employer advising decrease of hours, loss of employment due to COVID-19.
- Copy of hardship letter from mortgagee or superannuation fund.

For Business, Community Groups and Clubs

 Evidence of State or Federal Government financial hardship relief such as confirmation of JobKeeper eligibility.

OR

- Sufficient financial information to prove financial hardship due to COVID-19.
- Current Business Activity Statement (BAS) and/or management accounts and supporting financial information.
- Letter from landlord confirming that any relief they receive will be passed on to you as the tenant.

FULL NAME:		
BUSINESS/COMMUNITY GROUP / ORGANISATION NAME: (if applicable)		
ABN: (if applicable)		
POSTAL ADDRESS:		
SUBURB:	POSTCODE:	
TELEPHONE:	MOBILE:	
EMAIL:		

If completing for Business, please provide the following details:				
CONTACT PERSON:				
POSITION TITLE				

Privacy: The personal information collected on this form will only be used by the City of Karratha for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.

ASSISTANCE REQUESTED	
RATES RELIEF	
ASSESSMENT NUMBER(S):	
PROPERTY ADDRESS:	
OTHER DEBT RELIEF	
INVOICE / DEBTOR NUMBER(S):	
DESCRIPTION:	

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 Part 9 of the *Local Government Act 1995.*

DECLARATION

It is hereby declared that:

- I am/we are experiencing extreme financial hardship due to COVID-19.
- I have read and understand the City of Karratha's COVID-19 Financial Hardship Policy (CF19).
- The information I have provided on, and attached to this application form is true and correct.
- Where the application is made on behalf of a corporation or trustee that the:
 - a) applicant is authorised to make the application, and
 - b) the company or trustee is not insolvent or subject to administration.
- Where the application is made by an individual that:
- a) I am/we are not bankrupt or subject to a bankruptcy petition.
- I/We will advise the City of Karratha if there is any change to my/our financial circumstances.

PRINT NAME:		
SIGNATURE:	DATE:	

Please submit completed form and supporting document(s) by:

- By Post: City of Karratha, PO Box 219, Karratha WA 6714; or
- Email: <u>enquiries@karratha.wa.gov.au</u>