

The City of Rockingham has adopted a Financial Hardship Policy to:

- Provide the criteria on assisting ratepayers that qualify as experiencing financial hardship and are unable to pay their rates and service charges; and
- Ensure that all ratepayers are treated fairly and consistently with respect and compassion when the City is considering their circumstances in recognising financial hardship.

A successful application will result in a rates alternate payment arrangement agreed between you and the City that may include additional assistance in the form of;

- An extension to pay all rates and service charges by the end of the next financial year or based on your capacity to pay;
- Penalty interest on outstanding rates and service charges, for the current financial year, will be waived;
- Debt recovery will be suspended while you are experiencing financial hardship and on an approved alternate payment arrangement; and
- Payments under a payment arrangement may be deferred for up to three months.

Where in the 2020/2021 financial year a ratepayer experiences financial hardship due to COVID-19, a one-off rates write-off to the value of \$200 may be applied to the ratepayer's property assessment.

## Are you eligible to apply?

This Policy applies to all City of Rockingham Residential and Small Business ratepayers who are experiencing financial hardship.

### Financial Hardship

Ratepayers are eligible for financial hardship assistance if they are;

- a. Residential ratepayers – for the ratepayers' primary place of residence; or
- b. Small Business ratepayers – for property used by the person for the purposes of carrying out a small business owned or operated by the person.

### Excluded Person

In accordance with the Local Government (COVID-19 Response) Ministerial Order 2020, penalty interest on outstanding rates cannot be applied to an excluded person that has been determined by the City as suffering financial hardship as a consequence of the COVID-19 pandemic.

**Excluded person** means a person who –

- a. is a residential ratepayer or small business ratepayer of a local government; and
- b. is considered by the local government to be suffering financial hardship as a consequence of the COVID-19 pandemic; where
  - i. Residential ratepayer, in relation to a local government, means a person who under section 6.44 is liable to pay a rate or service charge that is imposed by the local government on land on the basis that the land is used for residential purposes; and
  - ii. Small business ratepayer, in relation to a local government, means a person who under section 6.44 is liable to pay a rate or service charge that is imposed by the local government on land used by the person for the purposes of carrying out a small business owned or operated by the person.

**Small Business** means a business undertaking which is wholly owned and operated by an individual person or by individual persons in partnership or by a proprietary company within the meaning of the Corporations Act 2001 of the Commonwealth and which:

- i. Has a relatively small share of the market in which it competes; and
- ii. Is managed personally by the owner or owners or directors, as the case requires; and
- iii. Is not a subsidiary of, or does not form part of, a larger business or enterprise.

## Supporting Documentation Required

Documentation needs to be provided in support of your application to enable it to be assessed. This documentation includes;

- Employment and income details
  - Centrelink payment evidence
  - Letter from your employer / recent payslips
- Expenditure and financial situation
  - Letter from financial counsellor, confirming financial circumstances
  - Letter from other agencies that have deemed you to be in financial hardship (i.e. your bank, superannuation fund or utility provider)
  - Statutory declaration from a professional familiar with your financial circumstances (i.e. family doctor, accountant)
- Health or other situations
  - Letter from medical practitioner

If you are unable to significantly reduce your rates debt over the next two financial years you will be required to undertake financial counselling to determine your capacity to pay and to provide a copy of this information to the City.

## How is a decision made about my application?

Decisions about financial hardship applications will be assessed based on the information provided in the application form and attachments submitted. This information will be assessed against the requirements of the City's Financial Hardship Policy. You can read the [Financial Hardship Policy](#) on our website or request a copy by contacting the City on (08) 9528 0333.

After you submit an application, we will contact you if we need more information.

## Do you need help to make an application?

Contact the City on (08) 9528 0333 and one of our friendly staff will be able to assist you. We can assist you over the phone, in a face to face appointment or you can contact one of the financial counselling services listed below.

- St Vincent de Paul, 1/14 Livingstone Road Rockingham – (08) 9528 4343
- Anglicare WA, 14 Council Avenue Rockingham – (08) 9528 0702
- Australian Red Cross, Darius Wells Library and Resource Centre, Chisham Avenue Kwinana – (08) 9419 7237

You can also visit the [National Debt Helpline's website](#) to find a financial counsellor in your local area or if you'd prefer, you can call the National Debt Helpline on 1800 007 007.

## Privacy and Confidentiality

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding your rates debt.

| RATEABLE PROPERTY DETAILS  |   |             |           |
|--|---|-------------|-----------|
| Address:   |   |             |           |
|  | Suburb:   |             | Postcode: |
| Assessment Number (if known)   |   |             |           |
| Outstanding Rate Account Balance (if known)  | \$  |             |           |
| Is it a Residential property?<br>If Yes, do you live at the property or is it an investment property?  | <input type="checkbox"/> Yes / <input type="checkbox"/> No<br><input type="checkbox"/> Yes / <input type="checkbox"/> No - it is an investment property |             |           |
| Is it a Business property?<br>If Yes, do you operate a business from the property or is it an investment property?                           | <input type="checkbox"/> Yes / <input type="checkbox"/> No<br><input type="checkbox"/> Yes / <input type="checkbox"/> No - it is an investment property |             |           |
| If you operate a business from the property:<br>What is the Business Name and ABN?   | Name:<br>ABN:   |             |           |
| If the property is rented, do you have an Agent? If Yes, please provide the Agents Name.   | <input type="checkbox"/> Yes / <input type="checkbox"/> No – it is self-managed<br>Managing Agent:  |             |           |
| APPLICANT DETAILS  |   |             |           |
| Ratepayer 1  |   |             |           |
| Company Name   |   |             |           |
| Surname:   |   | First Name: |           |
| Residential Address:   |   |             |           |
|  | Suburb:   |             | Postcode: |
| Postal Address   |   |             |           |
|  | Suburb:   |             | Postcode: |
| Email:   |   |             |           |
| Telephone:   |   | Mobile:     |           |
| If we need to phone you, what time of day is most convenient for you?  |   |             |           |
| <input type="checkbox"/> Morning (8am – 12pm) <input type="checkbox"/> Afternoon 12pm – 4:30pm <input type="checkbox"/> Other (please state) |   |             |           |
| Ratepayer 2  |   |             |           |
| Company Name   |   |             |           |
| Surname:   |   | First Name: |           |
| Residential Address:   |   |             |           |
|  | Suburb:   |             | Postcode: |
| Postal Address   |   |             |           |
|  | Suburb:   |             | Postcode: |
| Email:   |   |             |           |
| Telephone:   |   | Mobile:     |           |
| If we need to phone you, what time of day is most convenient for you?  |   |             |           |
| <input type="checkbox"/> Morning (8am – 12pm) <input type="checkbox"/> Afternoon 12pm – 4:30pm <input type="checkbox"/> Other (please state) |   |             |           |

## FAMILY CIRCUMSTANCES

Are you supporting dependents?

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Spouse / Partner</b>  |
| <input type="checkbox"/> | <b>Children</b> How many dependent children do you support? <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> | <b>Other</b> <i>(please provide details)</i>   |
|                          |  |

## NOMINATE AN AUTHORISED AGENT

You can authorise another person to deal with the City of Rockingham regarding your financial hardship application and rates debt:

|                         |   |                    |  |
|-------------------------|---|--------------------|--|
| <b>Agency Name:</b>     | <input style="width: 100%;" type="text"/>               |                    |  |
| <b>Contact Surname:</b> | <input style="width: 95%;" type="text"/>                | <b>First Name:</b> | <input style="width: 75%;" type="text"/> |
| <b>Contact Address:</b> | <input style="width: 100%;" type="text"/>               |                    |  |
|                         | <b>Suburb:</b> <input style="width: 95%;" type="text"/> | <b>Postcode:</b>   | <input style="width: 85%;" type="text"/> |
| <b>Email:</b>           | <input style="width: 100%;" type="text"/>               |                    |  |
| <b>Telephone:</b>       | <input style="width: 95%;" type="text"/>                | <b>Mobile:</b>     | <input style="width: 75%;" type="text"/> |

## RATE CONCESSION ENTITLEMENT

You may be entitled to a Rates concession or deferment.

| Applicant 1              | Applicant 2              | Do currently you hold any of the following cards?  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Seniors Card ONLY</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>WA Seniors Card AND a Commonwealth Seniors Health Card</b><br><i>(you must have both cards)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Pensioner Concession Card OR State Concession Card</b>  |

## FINANCIAL HARDSHIP INFORMATION

Please tell us about the reasons your financial circumstances have changed.

|   | Ratepayer 1  | Ratepayer 2  |
|---|--|--|
| <b>Have you petitioned for bankruptcy?</b><br><i>If yes, you are <u>not</u> eligible under the Financial Hardship Policy.</i>     | <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| <i>Please select all applicable reasons from the list below:</i>  |  |  |
| <input type="checkbox"/> <b>Is your financial hardship caused by the impacts of the Coronavirus (COVID-19?)</b>                   | <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| <input type="checkbox"/> <b>Unemployed</b> Date employment ceased:  | <input style="width: 100%;" type="text"/>                  | <input style="width: 100%;" type="text"/>                  |
| <input type="checkbox"/> <b>Under-employed</b> Average hours worked per week:   | <input style="width: 100%;" type="text"/>                  | <input style="width: 100%;" type="text"/>                  |
| <input type="checkbox"/> <b>Temporarily stood-down</b> Date of stand-down:  | <input style="width: 100%;" type="text"/>                  | <input style="width: 100%;" type="text"/>                  |
| <input type="checkbox"/> <b>Income has been reduced</b> <i>Please provide details in the Financial Information section below.</i> | <input style="width: 100%;" type="text"/>                  |  |
| <input type="checkbox"/> <b>Unable to work due to responsibilities as a carer</b>   | <input style="width: 100%;" type="text"/>                  |  |



|                          |  |   |  |
|--------------------------|--|---|--|
| <input type="checkbox"/> | <b>Unable to work due to physical or mental health diagnosis</b> | <i>Please attach copy of letter from medical practitioner</i> |  |
| <input type="checkbox"/> | <b>Diagnosed with Coronavirus (COVID-19) and unable to work</b>  |   |  |
| <input type="checkbox"/> | <b>Unable to work due to self-isolation</b>                      | Start Date:   |  |
|                          |  | End Date:   |  |
| <input type="checkbox"/> | <b>Death in the family</b>                                       |   |  |
| <input type="checkbox"/> | <b>Family or domestic violence</b>                               |   |  |
| <input type="checkbox"/> | <b>Other</b> <i>(Please provide details)</i>                     |   |  |

## CURRENT FINANCIAL INFORMATION

Accurate financial information is important so you do not commit to an unrealistic payment plan

| <b>INCOME</b> <i>Please provide <u>monthly</u> Net Income</i> |   | <b>Ratepayer 1</b>                    | <b>Ratepayer 2</b> |
|---|---|---------------------------------------|--------------------|
| <input type="checkbox"/>                                      | <b>Wages / Salary</b>   | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Pension or other Government Benefit</b>                                  | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>JobKeeper</b>  | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>JobSeeker</b>  | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Interest or earnings from banks, financial institutions or dividends</b> | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Compensation, superannuation, insurance or retirement benefits</b>       | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Child Support Payments</b>   | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Rental income</b>  | \$                                    | \$                 |
| <input type="checkbox"/>                                      | <b>Other income?</b> <i>(Please describe</i>                                | \$                                    | \$                 |
| <b>Office Use ONLY</b>  |   | <b>Calculate Total Monthly Income</b> | \$                 |

|  |  |                    |                            |
|--|--|--------------------|----------------------------|
| If <b>Reduced Income</b> is a reason for this Financial Hardship Application, please complete:         |  | <b>Ratepayer 1</b> | <b>Ratepayer 2</b>         |
| <b>Previous monthly income:</b>  |  | \$                 | \$                         |
| <b>Date that reduced income occurred:</b>  |  | / / 2020           | / / 2020                   |
| <b>Current monthly income:</b>   |  | \$                 | \$                         |
| Office Use ONLY  | Calculate Monthly Income Reduction                                   | \$                 |                            |
| <b>EXPENSES</b><br><i>Please provide monthly household expenditure as a total for all applicants :</i> |  |                    | <b>\$ Amount per month</b> |
| <input type="checkbox"/>   | <b>Mortgage / Home Loan</b>  |                    | \$                         |
| <input type="checkbox"/>   | <b>Other Mortgages / business loans</b>                              |                    | \$                         |
| <input type="checkbox"/>   | <b>Other loans</b>   |                    | \$                         |
| <input type="checkbox"/>   | <b>Credit Card/s</b>   |                    | \$                         |
| <input type="checkbox"/>   | <b>Utilities</b>   | <b>Power</b>       | \$                         |
|  |  | <b>Water</b>       | \$                         |
|  |  | <b>Internet</b>    | \$                         |
|  |  | <b>Phone/s</b>     | \$                         |
| <input type="checkbox"/>   | <b>Insurances</b>  |                    | \$                         |
| <input type="checkbox"/>   | <b>Food and living expenses</b>                                      |                    | \$                         |
| <input type="checkbox"/>   | <b>Motor vehicle expenses</b> ( <i>licensing, repairs, fuel</i> )    |                    | \$                         |
| <input type="checkbox"/>   | <b>Entertainment</b> ( <i>streaming services / eating out, etc</i> ) |                    | \$                         |
| <input type="checkbox"/>   | <b>Other expenditure?</b> ( <i>Please provide details</i> )          |                    | \$                         |
| Office Use ONLY  | Calculate Total Monthly Expenditure                                  |                    | \$                         |



| <b>SUPPORTING DOCUMENTS</b>  |  |
|--|--|
| Please provide copies of documents you may have to support this application. |  |
| <input type="checkbox"/>   | <b>Letter from financial counsellor, confirming financial hardship circumstances</b>   |
| <input type="checkbox"/>   | <b>Letter from medical practitioner</b>  |
| <input type="checkbox"/>   | <b>Centrelink payment evidence</b>   |
| <input type="checkbox"/>   | <b>Letter from your employer / recent payslips</b>   |
| <input type="checkbox"/>   | <b>Letter from another agencies that have deemed you to be in financial hardship</b><br><i>i.e. your bank, superannuation fund or utility provider</i> |
| <input type="checkbox"/>   | <b>Statutory declaration from a professional familiar with your financial circumstances</b><br><i>i.e. family doctor, accountant</i>                   |
| <input type="checkbox"/>   | <b>Other</b> <i>(please list)</i><br><br>  |

## PAYMENT PROPOSAL

Please provide a payment proposal (Direct Debit) that, if approved, will be your commitment to make payments toward your rates debt. Please consider all your financial commitments so that your payment proposal will **not** limit your ability to meet basic living expenses for you and your dependents.

| <b>Proposed Alternate Payment Arrangement</b>   |                                 |                                      |                                  |
|---|---------------------------------|--------------------------------------|----------------------------------|
| Nominate how much you want to pay and how frequently you want to pay this amount.<br>This will help you to reduce your rates debt through regular payments. |                                 |                                      |                                  |
| <b>Proposed Payment Amount:</b>   | \$                              |                                      |                                  |
| <b>Proposed Payment Frequency:</b>  | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly |
| <b>Proposed Start Date:</b>   |                                 |                                      |                                  |

## DECLARATION

**I declare that the information provided in this Financial Hardship Application is accurate and I will advise the City if there is any change to my / our financial circumstances.**

|                              |  |              |  |
|------------------------------|--|--------------|--|
| <b>Ratepayer 1 Signature</b> |  | <b>Date:</b> |  |
| <b>Ratepayer 2 Signature</b> |  | <b>Date</b>  |  |