

District Council of Peterborough



Amalgamated 1997

DISTRICT COUNCIL of PETERBOROUGH

Financial Hardship - CWMS Connection

Approval Form



DISTRICT COUNCIL of PETERBOROUGH

PRIVATE AND CONFIDENTIAL

FINANCIAL HARDSHIP: CWMS CONNECTION FEES - APPROVAL

The District Council of Peterborough is committed to assisting **residential customers** of **Community Wastewater Management Services**, who are experiencing **financial hardship** in relation to the costs of connection to the CWMS.

Every **residential customer** experiencing **financial hardship** has the **right to**:

- Be treated **respectfully** on a case-by-case basis, and have their circumstances **kept confidential**.
- **Receive information** about **alternative payment arrangements**, including the Council's Hardship Policy, and government concessions, rebates, grants, and assistance programs.
- **Renegotiate their payment arrangement** if there is a change in their circumstances.
- **Receive information** about **free and independent**, accredited financial counselling services.
- **Receive a language interpreter** service at **no cost**.
- **Be shielded from legal action** and additional **debt recovery costs**, whilst they continue to make payments according to an agreed payment arrangement.
- **Not have retail services restricted or disconnected** as long as they have agreed to a payment arrangement and continue to make payments according to an agreed plan.

FINANCIAL HARDSHIP (CWMS CONNECTION FEES) APPROVAL

1. YOUR PAYMENT PLAN

The Council has determined to **APPROVE** your financial hardship application in respect of CWMS connections fees.

The details of your approved **PAYMENT PLAN** are as follows:

Commencement Date: .. / ... / Total Duration: weeks

Termination Date: .. / ... /

Total Instalment Costs

CWMS Connection Fee amount: \$.....

Approved % of CWMS Connection Fee: %

Repayment Term: years

Finance Cost amount \$.....

Payment Amount per year: \$.....

Total amount due to Council: \$.....

Payment Schedule

1st Instalment Due: ... / ... /

2nd Instalment Due: ... / ... /

3rd Instalment Due: ... / ... /

4th Instalment Due: ... / ... /

5th Instalment Due: ... / ... /

6th Instalment Due: ... / ... /

7th Instalment Due: ... / ... /

8th Instalment Due: ... / ... /

(Continue for entire duration of payment plan)

2. Terms and Conditions

The above loan repayment plan is provided on the basis that the Applicant is suffering from financial hardship.

The Council has agreed to pay the total amount of \$[insert amount] of the fees associated with the connection to the CWMS, upon provision of a tax invoice and subject to the connection being completed to the satisfaction of the Council and upon receipt of a signed copy of this Approval Form.

The Council will collect this capital contribution (plus finance cost) on account of the property connection to the CWMS, as part of the annual CWMS imposition of service charges, for the period set out above.

The Applicant agrees to repay the total loan amount in accordance with the payment plan. The Applicant understands that the non-payment of any of the instalments may attract penalties and/or extend the duration of the payment plan or result in the outstanding balance becoming immediately due and payable.

3. Bill Redirection (*delete if not applicable*)

The Council accepts that circumstances may arise in which it is appropriate for a bill to be redirected to a third person, as long as that third person consents in writing to that redirection.

*If you wish to request a redirection of a bill, the **third person must complete the below section.***

Details of Third Party

Title:

Given Name/s:

Last Name:

Address:

Telephone / Mobile:

Email:

Postal address, if different from residential:

....., I,, consent to the redirection of (Instalment Number # .. / the Payment Schedule – *delete whichever is not applicable*) to myself, and assume legal responsibility for its payment, in full, by the provided due date.

4. Debt Recovery

The Council will **not** engage in legal action or commence proceedings against you for the recovery of a debt relating to a retail service if:

- you have **agreed** to a payment arrangement and **continue** to adhere to the terms of that arrangement; or
- the Council failed to comply with the requirements of its Hardship Policy.

5. Helpful Information

Should any event occur to change your circumstances and/or ability to meet the payments contained in the Payment Schedule, you must notify the Council as soon as reasonably practicable. We will work with you and your financial counsellor to renegotiate a revised payment arrangement.

If you cease to make payments according to the Payment Schedule, or fail to contact us for a period of greater than 90 days, your Hardship Approval will be revoked. You will be removed from our hardship program and returned to our standard collection cycles, including debt recovery.

We will not remove you from our hardship program until we have sent you a written notice, providing you with 10 working days from the date of the notice to contact us to renegotiate re-entry into the hardship program.

Upon successful completion of the hardship program, you will be returned to our regular billing cycles (and collection).

Financial Hardship Approval of Council

In consideration of your financial hardship application, the Council has approved the above payment plan including appropriate loan conditions for your individual circumstances.

Chief Executive Officer:	
Signature:	
Date of Approval:	

Your Acceptance

Please complete and return a copy of this Approval Form signed by you to Council to indicate your acceptance of the terms and conditions of your loan repayments as set out herein.

- I understand my financial hardship application has been approved by Council and the payment plan set out in this financial hardship Approval Form has been offered to me.
- I accept the terms and conditions of the payment plan as set out in this financial hardship Approval Form.
- If my circumstances change, or the grounds for my financial hardship application cease to exist, I will advise Council immediately.

Applicant/s Name:	
Applicant/s Signature:	
Date of Application:	

Return to Us

Please make sure to complete the above declaration before returning a signed copy of this financial hardship Approval Form to Council.

Options

1. Please scan and email your completed Approval Form to:

council@peterborough.sa.gov.au

2. Alternatively, you can mail your completed Approval Form to:

CEO – Hardship Application
PO Box 121
Peterborough
SA 5422