

District Council of Peterborough



Amalgamated 1997

**DISTRICT COUNCIL
of
PETERBOROUGH**

**Community Wastewater Management
Scheme (CWMS)**

Financial Hardship Application



DISTRICT COUNCIL of PETERBOROUGH

PRIVATE AND CONFIDENTIAL

APPLICATION FOR FINANCIAL HARDSHIP

The District Council of Peterborough is committed to assisting **residential customers** of **Community Wastewater Management Services**, who are experiencing **financial hardship**, to manage their connection payments in a manner that best suits the **customer** and ensuring they are able to be connected to this **service**. All applications are subject to the specific provisions of clause 10 of the Council's *Community Wastewater Management Scheme (CWMS) Hardship Policy*.

The information provided is required to assist Council to assess your application and will be treated confidentially. All applications will be assessed on a case-by-case basis.

A Financial Counsellor can be sourced independently (at the residential customer's cost), or free via:

- **The Salvation Army Moneycare Team**
Tel: 1800 722 363
Email: fcsupport@salvationarmy.org.au

A copy of The Salvation Army Moneycare Referral Letter, can be found on Council's website, under the CWMS Hardship page

- **Uniting Country SA**
Tel: 1300 067 777
Email: financialwellbeing@ucsa.org.au

A copy of Uniting Country SA's Referral Form, can be found on Council's website, under the CWMS Hardship page

APPLICATION FOR FINANCIAL HARDSHIP

1. Identified Hardship

*A residential customer experiencing financial hardship is someone who is identified by themselves, by us, by an accredited financial counsellor, or by a welfare agency as having the **intention**, but **not the financial capacity**, to make their required **payments**.*

Please indicate which of the following identified you as requiring financial assistance?

- Yourself
- Accredited financial counsellor
- Welfare Agency

2. Applicant

Title:	Given name/s:	Last name:
Address:		
		Post code:
Mobile:	Phone:	
Email:		
Postal address, if different from resident:		

3. Applicant 1 Details

Please indicate if any of the following apply to you?

- You are on a Centrelink income, and hold a Pensioner Concession Card or a Centrelink Low income Health Care Card
- Eligible for a South Australian Government concession
- You have been referred by an accredited financial counsellor or welfare agency
- You have previously applied for emergency relief (irrespective of whether or not that application was successful)
- You have had difficulty meeting your retail services bills in the past
- You have identified your inability to pay the CWMS connection fees

4. Applicant 2

Title:	Given name/s:	Last name:
Address:		
		Post code:
Mobile:	Phone:	
Email:		
Postal address, if different from resident:		

5. Applicant 2 Details

Please indicate if any of the following apply to you?

- You are on a Centrelink income, and hold a Pensioner Concession Card or a Centrelink Low income Health Care Card
- Eligible for a South Australian Government concession
- You have been referred by an accredited financial counsellor or welfare agency
- You have previously applied for emergency relief (irrespective of whether or not that application was successful)
- You have had difficulty meeting your retail services bills in the past
- You have identified your inability to pay the CWMS connection fees

6. Please briefly, identify which type of hardship you are suffering from:

*Residential customers who may be identified as experiencing **temporary hardship** are those who have experienced a **short-term change in circumstances**, such as serious illness, disability, or death in the family, loss or change in income, separation, divorce or other family crisis, a loss arising from an incident or some other temporary financial difficulty.*

- Ongoing hardship
- OR**
- Temporary hardship

7. Extent of Hardship

The extent of hardship will be determined by an external body, such as an accredited financial counsellor.

I note that my hardship is to be assessed by an External Body and confirm that to assist with that assessment I have provided the below **Income & Expenses** information to my financial counsellor to verify my financial position.

Income & Expenses Report

Income (fortnightly)	\$AUD
Salary or Wages	
Pensions or Allowance Payments	
Other Government Payments	
Rental Income	
All Other Income	
Total Fortnightly Income:	
Expenses (fortnightly)	
Mortgage Repayments	
Rent	
Food Shopping	
Car Repayments/ Fuel	
Electricity / Gas	
Water	
Council Rates	
Entertainment	
Other Loan Repayments	
Other Expenditure	

Total Fortnightly Expenses:	
Net Fortnightly Income / Expenses:	

8. Payment Plans

Where an applicant is identified as experiencing financial hardship, we will offer a payment option that has regard to the hardship, the applicant's capacity to pay and current financial situation.

8.1. These options will include:

- a payment plan over a period of 5 – 10 years, as determined by Council and which will, in accordance with the Policy, include a finance cost; or
- Centrelink's Centrepay service (only where available);

We will work with applicants to determine the payment arrangement that best suits the individual circumstances.

- Where a payment plan is offered to an applicant, we will inform you within ten (10) business days of an agreement being reached, of the duration of the plan.

9. Required Documents

*Reminder – the following documents are **required to be attached and lodged with this application form** in order for the Council to assess your financial hardship application:*

1. Quote from a suitably qualified plumber detailing the expected costs of works;
2. Statement from an accredited financial counsellor; and
3. Additional supporting documentation.

10. Further Information

If this application is approved, the Council will pay at least 50% (or, at the discretion of the Council, upon consideration of financial counselling advice, a higher percentage), 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.

The Council will collect this capital contribution (plus finance cost) on account of the property connection to the CWMS, over a **minimum period of 5 years** and up to a **maximum period of 10 years** as part of the annual CWMS imposition of service charges.

Please note: to be eligible to apply for financial hardship with this application, works associated with connection to the CWMS must **not be commenced**, prior to the Council's receipt of this application form, assessment thereof and notification that the application has been approved.

11. Assistance Being Sought

\$, being % of the plumber's quote

Over years

12. Declaration

Please complete the following legal declaration for hardship assistance.

- I understand the above application applies to hardship assistance.
- If the grounds for this application cease to exist, I must advise Council immediately.
- I declare that the information I have provided is true and correct to the best of my knowledge.

Applicant/s Name:

Applicant/s Signature:

Date of Application:

Lodging

Please fill in the essential details, attach any required additional documentation, and make sure forms are signed before returning the application to Council.

Options

1. Please scan and email your completed application to:

council@peterborough.sa.gov.au

2. Alternatively, you can mail your completed application to:

CEO – Hardship Application
PO Box 121
Peterborough
SA 5422

For More Information

Please contact the Chief Executive Officer.

Phone: (08) 8651 3566

Email: council@peterborough.sa.gov.au