

# HARDSHIP RATE RELIEF APPLICATION FORM



Approved by the Director General of the Department of Local Government, in accordance with clause 135 of the Local Government (General) Regulation 2005 under the *Local Government Act 1993*.

## APPLICATION FOR HARDSHIP RATE RELIEF FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20\_\_\_\_

*\* Please answer all questions relevant to you using block letters and ticking appropriate boxes.*

Assessment Number

I,

(Full name in block letters)

of

(Address)

Phone

Email

apply for a concession on the basis of financial hardship.

Property Description (Lot/Plan)

(office use only)

1. Do you receive any pensions or benefits?      Yes      No

If Yes, please provide type of pension and amount received per fortnight.

Pension:

Amount:

2. Do you have a current Pensioner Concession Card?      Yes      No

3. Have you claimed a pensioner concession on any other property this year?      Yes      No

If Yes, state the address of the other property

4. Is this property your sole or principle place of living?      Yes      No

Please note hardship is not applicable for investment properties.

The property for which I am claiming has  
been my sole/principle place of living since:

5. I am liable for the payment of rates and charges on this property, together with others as listed below (If no others, write "Sole Owner")

Please provide details of all "other" persons indicated in Question 5  
(ALL owners other than the applicant should be listed, including your spouse):

Name	PCC Holder (Y/N)	Pension Number	Date of Grant	Relationship to me (eg: spouse, father co-owner etc)	Resident of Property (Y/N)	% of ownership

6. Are there people living at the property other than those listed in Question 5? Yes      No

7. Please indicate who these people are:

Self

Boarders

Spouse

Relatives

Children

Other

(state ages)

(please specify)

8. Do you own (either fully or partially) any other land or buildings? Yes      No

If yes, list addresse

9. How many children do you support? State ages:

10. What is the cause of financial hardship?  
Attach any supporting documents with further information.

11. How long have you been experiencing hardship?

12. Please state gross fortnightly amount received from the following sources of income:

a. Your Income (inclusive of casual, part time full time)	\$	
b. Compensation, superannuation insurance or retirement benefits	\$	
c. Spouse's income (inclusive of casual, part time full time)	\$	
d. Income of other residents of the property	\$	
e. Family allowances	\$	
f. Interest from banks/credit unions/building societies	\$	
g. Total income of household	\$	

13. Please provide name and current balance of all bank, credit union, or building society accounts held by you.

Bank Name	Current Balance

14. Please state details of fortnightly outgoings.

Outgoing	Owed to	Fortnightly Payments
Rent/Home Loan		
Other mortgages		
Personal loans/Hire purchase		
Health Costs		
Council rates and charges		
Other expenses		

15. Proposed repayments. Please nominate a date to commence this arrangement within the next 30 days.

Commencement Date	Proposed Repayment (please specify weekly, fortnightly or monthly)

Please attach a separate page with any other relevant information you feel may assist your application.

I hereby declare that the information provided is true and correct. **If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.00.**

Signature:

Date:

# ARRANGEMENT REQUEST

To be used in conjunction with Payble PTY LTD



CITY OF  
PARRAMATTA

## 1. Customers Authority

Name

I/We

Email

Mobile

Email

Phone/Mobile

Name of Debit User

APCA User ID Number

Authorise you

City of Parramatta

662377

To arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS). I/we will advise Council of the withdrawal of this authority and will not hold Council responsible for any action arising from my/our failure to do so. This arrangement will be processed by Councils authorised provider, Payble.

## 2. Property Details

No. Street

Suburb

Postcode

Assessment Number

## 3. Details of the Account to be Debited (All details must be supplied. Credit cards are NOT accepted)

Bank Name

Branch

Account Name

BSB

Account Number

\*If the Account Name does not match the Property Owner's Name, please include authority from the Bank Account holder.

## 4. Payment Details

Please tick below to indicate your chosen method of payment

*Special arrangements to pay*  
*(As agreed by you and City of Parramatta)*

*Please select one*

Weekly

Fortnightly

Monthly

Debit start date

Amount

**I/We authorise the following:**

1. City of Parramatta verifies the details of the abovementioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing City of Parramatta to verify the abovementioned account details.
3. I/We will advise City of Parramatta of the cancellation of this authority should I/we wish to stop paying direct debit, or upon the sale or transfer of the property from my/our ownership, and will not hold City of Parramatta responsible for any action arising from not doing so.
4. I authorise for this Direct Debit to be actioned by Councils service provider (Payble).
5. I am the owner or an authorised representative for this property and Council has been provided with supporting paperwork.
6. I have read and agree with the attached Direct Debit Request Service Agreement.

Signature(s)

Date

Email completed form to [council@cityofparramatta.nsw.gov.au](mailto:council@cityofparramatta.nsw.gov.au)

PLEASE COMPLETE A  
SEPARATE APPLICATION  
FOR EACH RATE ACCOUNT

# DIRECT DEBIT REQUEST SERVICE AGREEMENT



The following is your Direct Debit Request Service Agreement with City of Parramatta ABN 49 907 174 773. The agreement is designed to explain the obligations of both parties. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your DDR form.

## 1. Debiting your account

By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between City of Parramatta and you. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. If the debit day falls on the day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited, you should ask your financial institution.

## 2. Amendments by us

We may vary any details of this agreement or direct debit request at any time by giving you at least **thirty (30) days** written notice sent to the preferred email or address you have provided to the council.

## 3. Amendments by you

You may change, stop or defer an individual debit payment or cancel or suspend the Direct Debit Request at any time by providing us with at least **fourteen (14) days** notification by writing to

**City of Parramatta**  
**PO Box 32**  
**Parramatta NSW 2124**  
**council@cityofparramatta.nsw.gov.au**  
or using your offered payment portal for payments.

## 4. Range of Accounts

Direct debiting may not be available on all accounts. Certain credit cards and bank accounts cannot be used for City of Parramatta councils direct debiting payment method. If you are unsure if your account is suitable, please contact your financial institution. You should check

- with your financial institution whether direct debiting through BECS is available from your account.
- your account details which you have provided to us are correct by checking them against a recent account statement.
- With your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

## 5. Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a direct debit payment to be made in accordance with the Direct Debit Request. If there are insufficient clear funds in your account to meet debit payment.

- You may be charged a fee and/or interest by your financial institution.
- You may also be charged reasonable costs imposed or incurred by us on account of there being insufficient funds (Dishonour Fees as specified by fees and charges); and
- You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- You should check your account statement to verify that the amounts debited from your account are correct.

## 6. Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to

**City of Parramatta**  
**PO Box 32**  
**Parramatta NSW 2124**  
**council@cityofparramatta.nsw.gov.au**

## 7. Authority

The person signing the direct debit agreement should:

- Be authorised or named on the account nominated in this Direct Debit Agreement.
- In case of organisation or business, the person signing the agreement should be a representative of the business authorised to operate the nominated bank account provided for debiting the payment.
- In case of joint account both parties should agree and authorise the Direct Debit agreement. Please contact council for a Paper form to complete authorisation.

## 8. Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you:

- specifically required by law; or
- For the purposes of this agreement (including disclosing information in connection with any query or claim)

## 9. Dispute

If you believe that there has been an error in debiting your account, you should notify us directly on 1300 617 058. Alternatively, you can take it up with your financial institution. If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging within a reasonable time for your financial institution to adjust your account accordingly. We will also notify you in writing of the amount by which your account has been adjusted. If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with the reasons and any evidence of this finding in writing.

## 10. Definitions

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited. **Agreement** means this Direct Debit Request Service Agreement between you and us.

**Business Day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**Debit Day** means the day that payment by you to us is due.

**Debit Payment** means a particular transaction where a debit is made.

**Direct Debit Request** means the Direct Debit Request between us and you.

**Rates Notice** means a notice for rates and charges issued by us in accordance with the Local Government Act 1993.

**Us or We** means City of Parramatta Council ABN 49 907 174 773, the did you say you have authorised by requesting or Direct Debit Request.

**You** means the customer(s) who has signed or authorised the direct debit request.

**Institution** means the financial institution nominated by you on the direct debit request at which the account is maintained.

**BECS** means Bulk Electronic Clearing System