Financial Hardship Application Form

I, _____ (name) of _____

_____ (principal place of residence) apply for hardship on the following grounds:

1. Cause and contributors of financial hardship and financial circumstances:

_____

_____

_____

_____

_____

2. How long have you been experiencing financial hardship? _____

3. How long do you expect your current financial hardship to continue? _____

4. Do you receive any pensions, benefits or social security allowances? ☐ Yes ☐ No

5. Account number for financial hardship _____

6. Who is listed on the property title as the owner/s? _____

6. Who and how many people live at the property? _____

☐ Self ☐ Spouse/Partner ☐ Children (please note ages) _____

☐ Relatives ☐ Other (please detail) _____

7. Do you own or have an interest in any other land or buildings? ☐ Yes ☐ No

If "Yes" please state address _____

8. Proposed payment arrangement:

Amount $_____ ☐ Weekly ☐ Fortnightly ☐ Monthly

9. I have attached evidence of circumstances ☐ Yes ☐ No

If "No" please reasons _____

(Relevant documentation may include medical certificates, pension or benefits assessments, letters from financial counsellors or planners or community funded support services.)

Declaration and Consent

I declare that the information provided in this application is true, complete and correct.

Signed: _____ Date: _____

By applying for financial hardship, I/we accept all Council terms, including:

- CTW's collection, review and storage of potentially sensitive information solely for the purpose of assessing this financial hardship application;
- Council's explicit right to withdraw any arrangement based on the above information if the information provided is inaccurate, incomplete or misleading;
- A genuine commitment to complying with the proposed payment arrangement and updating Council if and/or when financial circumstances change.

Please send the completed form and supporting documentation to water@ctw.nsw.gov.au

or to Central Tablelands Water, PO Box 61, Blayney, NSW 2799