

Application Form 2019/20

Extreme Financial Hardship Rate Relief

Please submit your completed form and supporting document via one of the following:

By Post: City of Swan
PO Box 196
MIDLAND WA 6946

In Person: City of Swan Administration
2 Midland Square
MIDLAND WA 6056
Or at a City of Swan Library

By email:
swan@swan.wa.gov.au

Applicant/s Details

Applicant 1

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Applicant 2

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Property Details

Address: _____

Postcode: _____

Supporting Documentation

This application must be accompanied with a copy of an extreme financial hardship letter from a Financial Counsellor. By providing this document, the applicant has authorised the City of Swan to reproduce this document for internal purposes only.

Declaration

It is hereby declared that:

- I am/We are experiencing extreme financial hardship.
- This application is not made on behalf of a corporation or trustee.
- I am/We are not bankrupt or subject to a bankruptcy petition.
- I/We will advise the City of Swan if there is any change to my/our financial circumstances.

Applicant 1

Signature: _____

Date: _____

Applicant 2

Signature: _____

Date: _____

Privacy: The personal information collected on this form will only be used by the City of Swan for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.