

Extreme Financial Hardship Relief- Adversely affected by COVID-19 Application Form 2020/21



2 Midland Square, Midland
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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

1. Applicant Details (to be completed by all)

Applicant 1

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____

Postcode: _____

Contact Number: _____

Email: _____

Applicant 2

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____

Postcode: _____

Contact Number: _____

Email: _____

2. Application for Rate Relief - Flexible payment plan / Direct debit

Penalty interest not applicable for 2020/21 financial year.

Property Details

Address: _____

Owner/s: _____

Reference number: _____

Proposed payment plan:

Frequency (circle): Weekly / Fortnightly / Monthly

Start date: _____

Repayment amount: \$ _____

Total outstanding debt: \$ _____

Direct debit (only weekly or fortnightly option available): Yes / No _____

If yes, please complete direct debit application online: www.swan.wa.gov.au/directdebit

Application Criteria

The evidence of extreme financial hardship due to being adversely affected by COVID-19 is required.

Supporting Documentation

For an individual:

- Confirmation letter from an employer confirming recent unemployment or under-employment
- Confirmation letter from Centrelink confirming Jobseeker / Jobkeeper eligibility

Supporting Documents

For a small business:

Please provide the following supporting information:-

- Summary of how your business has been impacted by COVID-19
- One of the following:
 - Details of any additional support/funding being pursued e.g. JobKeeper and/or
 - Financial statements, profit and loss, BAS, trading figures, confirmation from an accountant (must be on letterhead) etc.

By providing this document, the applicant has authorised the City of Swan to reproduce this document for internal purposes only.

3. Declaration (to be completed by all)

It is hereby declared that:

- I am/We are experiencing extreme financial hardship
- The information supplied is correct and accurate to the best my knowledge
- I am/We are not bankrupt or subject to a bankruptcy petition.
- I 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.