



FINANCIAL HARDSHIP (RATE RELIEF) APPLICATION

PO Box 219
KARRATHA WA 6714
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E: enquires@karratha.wa.gov.au
ABN: 83 812 049 708

A separate form is to be completed for each property financial hardship is being applied for.

APPLICANT/S DETAILS

Ratepayer/s: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

If completing for Business, please provide the following details:

Contact Person: _____

Position Title: _____

PROPERTY DETAILS

Assessment Number: A _____

Property Address: _____

Reason for Request: _____

SUPPORTING DOCUMENTATION / CHECKLIST

Are the owner and/or occupier of the property and liable for payment of the rates and charges.

This application must be accompanied with a copy of the following:

Financial hardship letter from a qualified financial body (e.g. a fully accredited member of Financial Counsellors Association of Western Australia, CPA/ICA Accounting Firm or Bank).

Payment Arrangement Application or Direct Debit Application.

DECLARATION

It is hereby declared that:

- I am/we are/the company/trustee is experiencing extreme financial hardship.
- Where the application is made on behalf of a corporation or trustee that the:
 - applicant is authorised to make the application, and
 - the company or trustee is not insolvent or subject to administration.
- Where the application is made by an individual that:
 - I am/we are not bankrupt or subject to a bankruptcy petition.
- I/We will advise the City of Karratha if there is any change to my/our financial circumstances.

Applicant Name: _____

Signature: _____

Date: _____

Privacy: The personal information collected on this form will only be used by the City of Karratha 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.