

Our Reference:

Contact Name:

Governance Coordinator

## Application for Consideration of Hardship

I, \_\_\_\_\_  
(Full name in BLOCK LETTERS)

Of: \_\_\_\_\_  
(Address)

Apply for a consideration on the basis of financial hardship.

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

If YES, please provide the following:

Pension Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2) Do you have a current Pensioner Concession Card issued by the Commonwealth Government?  Yes  No

PCC No: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

3) How many children do you support ?

No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

What is the cause of your financial hardship?

4) How long have you been experiencing hardship?

5) Please state gross monthly amount received from the following sources of income:

- a) Pensions and benefits \$ \_\_\_\_\_
- b) Compensation, superannuation insurance or retirement benefits \$ \_\_\_\_\_
- c) Spouse's income \$ \_\_\_\_\_
- d) Income of other residents of the property \$ \_\_\_\_\_
- e) Casual/part-time employment \$ \_\_\_\_\_
- f) Family allowance \$ \_\_\_\_\_
- g) Interest from financial institution \$ \_\_\_\_\_
- h) Dividends \$ \_\_\_\_\_
- i) Other: \$ \_\_\_\_\_



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[www.narrabri.nsw.gov.au](http://www.narrabri.nsw.gov.au)

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

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7) Please state details of monthly outgoings.

<b>Outgoing</b>	<b>Owed to</b>	<b>Amount</b>
Rent/Mortgage:		
Other Loans:		
Insurances:		
Medical and Health Costs:		
Council rates and Charges:		
Other:		

8) Please outline any other factors you wish for Council to consider.

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Please attach a separate page with any other relevant information you feel may assist your application (including any supporting evidence of the above).

**Privacy Statement**

\*This information is being collected by Narrabri Shire Council, 46-48 Maitland Street Narrabri.

Your information is being collected by Narrabri Shire Council in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW) for the purpose of evaluating hardship in accordance with Council's Policies. The supply of this information is voluntary; you are not legally required to provide your personal information, however if you do not supply all the information requested above Council may not be able to consider your application for consideration of hardship. Your personal information may be used or disclosed to help prevent or lessen a serious and imminent threat to life or health, or where Council is otherwise authorised or required to do so by law. If you wish to obtain a copy of Council's Privacy Management Policy, please contact Council on (02) 6799 6866 or [council@narrabri.nsw.gov.au](mailto:council@narrabri.nsw.gov.au).

I hereby declare that the information provided is true and correct. **I understand that if I make a false statement in an application, I may be guilty of an offence under the *Crimes Act 1900* (NSW).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date