



District Council of Cleve

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HARDSHIP APPLICATION RATES PAYMENT ARRANGEMENT AND/OR POSTPONEMENT OF RATES

The District Council of Cleve is committed to assisting ratepayers who are experiencing temporary or ongoing financial hardship by offering flexible payment arrangements and/or a postponement of rates payable.

APPLICANT DETAILS	
Name:	
Postal Address:	
Email:	
Phone Number:	
PROPERTY DETAILS	
Assessment Number:	
Property Address:	
Property Owner:	
Phone Number:	
Amount Due:	
PAYMENT ARRANGEMENT/POSTPONEMENT CRITERIA	
<p>In assessing a ratepayer's eligibility for hardship assistance, Council will consider indicators including (but not limited to) whether the ratepayer: <i>(Please tick all that apply)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> holds a Services Australia (Centrelink) low income health care card or pensioner concession card;<input type="checkbox"/> has a payment history that indicates they have had difficulty meeting their rate notice obligations in the past;<input type="checkbox"/> through self-assessment, has identified their position regarding their inability to pay;<input type="checkbox"/> has identified other personal circumstances they may choose to disclose in support of their application.<input type="checkbox"/> Please provide supporting documentation you may have to assist with our determination. <p><i>Please note that any applications for payment arrangements that will not clear the outstanding debt in a reasonable timeframe may not be approved.</i></p>	

PAYMENT ARRANGEMENT *(may be subject to further negotiation)*

Can you afford to make regular payments:

YES

NO

If Yes, How much can you afford to pay:

\$

Payment Frequency:

WEEKLY

FORTNIGHTLY

MONTHLY

Date Commencing:

POSTPONEMENT OF RATES *(may be subject to further negotiation)*

Postponement of Rates:

YES

NO

Postponement Amount:

\$

Postponement Timeframe

3 MONTHS

6 MONTHS

Date Commencing:

APPLICANT'S SIGNATURE

I, _____, hereby apply for a payment arrangement and/or postponement of rates due to Council as detailed above.

SIGNED: _____ DATE: _____

APPLICATION ASSESSMENT *(Office use only)*

Application Approved:

YES / NO

Date of Agreement:

Additional Comments:

SIGNED: _____ DATE: _____

David Penfold
Chief Executive Officer