

**WELLINGTON SHIRE COUNCIL**  
SECTION 171A LOCAL GOVERNMENT ACT 1989

**APPLICATION FOR CONSIDERATION UNDER  
RATES HARDSHIP PROVISIONS AND POLICIES.**

(All sections of this declaration must be completed, failure to do so may make this application void)

**FOR A PERSON IN NECESSITOUS CIRCUMSTANCES**

(whether or not in receipt of a pension)

NAME:

(SURNAME)

(FIRST NAMES)

ADDRESS:

ADDRESS OF PROPERTY FOR  
WHICH RELIEF IS CLAIMED:

QUESTION	ANSWER	
	SELF	WIFE/HUSBAND
Please state your income per fortnight or per month		
Are you single, married, a widower or widow?		
If you are married, does your wife/husband receive a pension? - If yes, state type of pension and amount		
Have you any relatives other than children living with you? - If yes, state relationship and board and lodging paid		
Do you receive income from other boarders or lodgers? - If yes, state weekly amount paid		
Have you or your wife/husband been employed during the past 12 months? - If yes, please state total amount earned and name of employer		

QUESTION	ANSWER	
	SELF	WIFE/HUSBAND
Have you or your wife/husband any other income - other than that already mentioned?		
Is there any mortgage or charge owing on the property on which rates are levied?		
Do you own or partly own any other property or land? If yes -		
A. The address of such property	A. _____ _____ _____	A. _____ _____ _____
B. The capital value of such property and particulars of any mortgage or encumbrance	B. _____ _____ _____	B. _____ _____ _____
Do you have any money in a Bank, Building Society or similar institution? If yes, please provide details:		
A. Name and address of Bank or other institution	A. _____ _____ _____	A. _____ _____ _____
B. Account Number	B. _____	B. _____
C. Present balance in account If you have more than one account, please give details for each account	C. _____ _____ _____ _____	C. _____ _____ _____ _____

QUESTION	ANSWER	
	SELF	WIFE/HUSBAND
Do you have any of the following:		
A. Bonds, shares, money on loan or other investment? If yes, state which, and amount	A. _____ _____ _____	A. _____ _____ _____
B. Interest in any deceased estate? If yes, please give full particulars	B. _____ _____ _____	B. _____ _____ _____
C. Life assurance policies? If yes, please give full particulars	C. _____ _____ _____ _____	C. _____ _____ _____ _____

Do you have any other property or assets not already disclosed in this claim? Eg. Motor vehicles, trailers, boats, trucks, lawn tractors, motorbikes, tractors, horse floats, tools of trade and any other asset valued over \$5,000.00. If yes, please give particulars (attach any supporting documents to this applications)

Motor Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Yr Built \_\_\_\_\_ Value \_\_\_\_\_

Motor Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Yr Built \_\_\_\_\_ Value \_\_\_\_\_

Motor Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Yr Built \_\_\_\_\_ Value \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have dependent children under the age of 18 living with you? (Dependant means, not working or receiving payment in their own right from Centrelink)	<b>YES / NO</b>  Circle one	If <b>YES</b> , How many?
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<b><u>BILL TYPE</u></b>	<b>PAYMENT AMOUNT</b>	<b>FREQUENCY OF PAYMENTS (Please Circle)</b>
Council Rates	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Water Rates	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Electricity/Gas	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Phone	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Insurance	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Health Insurance	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Car Registration & Insurance	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Food	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Medical	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Mortgage	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Personal Loans	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Credit Cards	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Other – Please provide additional details	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Other – Please provide additional details	\$	Weekly/ Fortnightly/ Monthly /Quarterly/ Annually
Other – Please provide additional details	\$	Weekly/ Fortnightly/ Monthly/ Quarterly/ Annually

I declare that the information I have given in this application is true and correct to the best of my belief and that I have not knowingly omitted any information.

Declared at )  
in the State of Victoria )  
This day of ) .....  
) (Applicant to sign here)  
before me )

.....  
**Justice of the Peace**  
(or person who complies with appropriate  
Statutory Declaration signing requirements)