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|  | |
| **Property Details** | |
| Assessment Number |  |
| Property Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner(s) Details** | | |  | | |
| Name |  | | Date of Birth | |  |
| Contact phone number | (H) | (B) | | (M) | |
| Email |  | | | | |
| Occupation |  | | | | |
| Residential Address  *(where you live)* |  | | | | |
| Mailing Address  *(If different to residential)* |  | | | | |
| Dependants  *(living with you)* | ☐ Yes (*if yes provide number and age of dependants*) ☐ No | | | | |
| Status | ☐ Single ☐ Married ☐ De facto ☐ Widow/Widower  *If Married or De facto please complete the next item* | | | | |
| Spouse /De facto | Name  Address  *If also listed on the ownership of the above named property, a declaration should also be submitted.* | | | | |
| Pensioner | ☐ Yes *(if yes how many years)* ☐ No | | | | |
| Reason for Hardship Application  \* Please attach any documents that may support your application?  *( i.e. Medical Certificate)* |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Assets *(Provide dollar value and details)*** | | |
| Property *(this property)* | $ |  |
| Investment property/land | $ |  |
| Bank Deposits  *(Total Value incl. Banks, Building Societies & Credit Unions)* | $ |  |
| Shares *(Total Value)* | $ |  |
| Other Investments | $ |  |
| Motor Vehicle(s) | $ |  |

|  |  |
| --- | --- |
| **Income *(Total yearly Income from all sources)*** | |
| From Salary *(includes Workcover)* | $ |
| From Pension *(state the type of pension)* | $ |
| From Property *Asset (rent or board)* | $ |
| From Bank Interest | $ |
| From other investments *(includes share dividends)* | $ |
| From Superannuation | $ |
| From other sources *(Provide Details)* | $ |

|  |  |
| --- | --- |
| **Expenses *(your monthly expenses)*** | |
| Mortgage payments | $ |
| House *(i.e. Insurance, maintenance etc)* | $ |
| Credit cards/store cards | $ |
| Council rates | $ |
| Water rates | $ |
| Utilities *( i.e. Gas, electricity, telephone etc)* | $ |
| Groceries *(i.e. Food, Petrol, insurances, registration etc)* | $ |
| Health insurance | $ |
| Medical expenses (*Doctor /Specialist/Pharmacy etc)* | $ |
| Other *(i.e School fees, Personal loans, Leisure etc)* | $ |

|  |  |
| --- | --- |
| **Liabilities *(Provide in dollar value what, if any, is owing on the following)*** | |
| Mortgage *(on this property)* | $ |
| Mortgage *(Investment property/land)* | $ |
| Credit/Store cards | $ |
| Personal Loans | $ |
| Other | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Declaration** | | | | | | |
| I have owned the property since | |  | |  | | |
| I acknowledge that the information provided in support of my application is true and correct. | | | | | | |
| Owner’s Signature |  | |  | | Date |  |

Council collects your personal information for the purpose of providing you with services and for internal research purposes. If you do not provide your information to Council, we may be unable to provide these services. If you have any queries on privacy or wish to gain access to your information, please contact Council’s privacy officer on 9599 4380 or at [privacy@bayside.vic.gov.au](mailto:privacy@bayside.vic.gov.au)

Completed applications can be e-mail to [hardship@bayside.vic.gov.a](mailto:hardship@bayside.vic.gov.a)u