



APPLICATION FOR ASSISTANCE FORM

ASSESSMENT SUMMARY – Please ensure all sections are completed.

Property Number	
Property Address	
Ratepayer Name/s	
Contact Details	Phone: Mobile: Email:
Property Classification	Residential: Y / N Principle Place of Residence: Y / N
Total Debt Amount	\$
Financial Assessment	Has supporting documentation from a financial counsellor or other qualified person (accountant, auditor, bank manager) been supplied? Y / N <i>*Supporting documentation must be supplied for consideration.</i>

PROVIDE DETAILS AS TO WHY RATES AND CHARGES HAVE REMAINED UNPAID / REASON DEFERRAL OF PAYMENT OR EXTENDED PAYMENT ARRANGEMENT IS REQUESTED

9 Coleville Crescent, Spearwood WA 6163, PO Box 1215, Bibra Lake DC WA 6965
 T: 08 9411 3444 E: customer@cockburn.wa.gov.au
 W: cockburn.wa.gov.au ABN 27 471 341 209

Declaration

It is hereby declared that:

- I am / We are experiencing financial hardship.
- I am / We are not bankrupt or subject to a bankruptcy petition.
- I / We will advise the City of Cockburn if there are any changes to my / our financial circumstances.

If an extended payment arrangement is being sought (non-deferral):

- I / We will agree to and maintain a suitable payment arrangement.
- I / We will contact the City to request an alternative arrangement if having difficulty maintaining the agreed arrangement

Applicant 1

Signature: _____ **Date:** _____

Applicant 2

Signature: _____ **Date:** _____