



# Rates Relief for Residential Ratepayers

## Application Form

**Information Privacy Statement:**

Your personal information has been collected for the purpose of assessing your application. The collection of this information is in accordance with the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

### APPLICANT DETAILS

Applicant	<input type="text"/>		
Postal address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>

### PROPERTY DETAILS FOR

Assessment No	<input type="text"/>
Property Title	<input type="text"/>
Property Address	<input type="text"/>
The property for which I am claiming has been my sole/principal place of residence since:	<input type="text"/> / <input type="text"/> / <input type="text"/>

### PROPERTY OWNERS (Enter full name/s of the registered owner/s of the property)

1.	Full name	<input type="text"/>				
	Property Address	<input type="text"/>				
	Present Marital Status	<input type="text"/>	Age	<input type="text"/>	Gross Weekly Income	<input type="text"/>
2.	Full name	<input type="text"/>				
	Property Address	<input type="text"/>				
	Present Marital Status	<input type="text"/>	Age	<input type="text"/>	Gross Weekly Income	<input type="text"/>
3.	Full name	<input type="text"/>				
	Property Address	<input type="text"/>				
	Present Marital Status	<input type="text"/>	Age	<input type="text"/>	Gross Weekly Income	<input type="text"/>
4.	Full name	<input type="text"/>				
	Property Address	<input type="text"/>				
	Present Marital Status	<input type="text"/>	Age	<input type="text"/>	Gross Weekly Income	<input type="text"/>
5.	Full name	<input type="text"/>				
	Property Address	<input type="text"/>				
	Present Marital Status	<input type="text"/>	Age	<input type="text"/>	Gross Weekly Income	<input type="text"/>

Please attach documentation to substantiate financial position. Accepted documentation: certified copies of last two (2) Income Tax Assessments, statements from Centrelink verifying financial positions or recent payslips.

**\*\* APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION \*\***

**Other Occupants of Property (Please advise all children and/or other occupants of residence)**

SURNAME	GIVEN NAMES	AGE	RELATIONSHIP TO APPLICANT	OCCUPATION	GROSS WEEKLY INCOME

**GROUNDS FOR REQUEST (attach additional pages if necessary)**

This application is for rates relief for the whole or part of the year commencing 1 July 20

Please explain the changes in circumstances that have affected your ability to meet your rate commitments:

How long have you been experiencing financial hardship?

Have you ever applied for Rate Assistance before?

If Yes, when?

What assistance was provided?

**ASSETS (Present assets of ALL applicants – Attach additional pages if necessary)**

ASSETS	DETAILS	AMOUNT
Cash on Hand	<input type="text"/>	<input type="text"/>
Savings/cheque accounts (e.g. Bank, Building Society, Credit Union). Please specify	<input type="text"/>	<input type="text"/>
All Properties (inc. dwelling)	<input type="text"/>	<input type="text"/>
Investments (e.g. bonds, shares, etc.)	<input type="text"/>	<input type="text"/>
Motor Vehicles/Boats/Caravans etc.	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

**LIABILITIES/DEBTS (List all current debts of All applicants – Attach additional pages if necessary)**

PURPOSE OF LOAN	CREDITOR PROVIDER NAME	CURRENT DEBT \$	MONTHLY REPAYMENT	ARREARS (if any)
Home Loan				
Other Mortgages				
Personal Loan				
Hire Purchase				
Credit Cards				
Other Liabilities (please specify)				

**OTHER EXPENSES (Provide details of weekly outgoings - Attach additional pages if necessary)**

OUTGOINGS	OWED TO	AMOUNT \$
Electricity costs		
Gas costs		
Health costs		
Council rates and charges		
Education		
Rent		
Insurance		
Telecommunications		
Other outgoings (total)		
Total Weekly Expenditure:		

## APPLICANT CONSENT

For the sole purpose of authorising Cook Shire Council to confirm with Centrelink whether or not the details I have provided to the Council matched Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth benefit:

I,

authorise Cook Shire Council to confirm with Centrelink the following details:

- Name;
- Pension Number;
- Address;
- Postcode;
- Valid Concessional Card Holder

I agree that, unless I revoke my consent, this Applicant Consent record is a permanent consent, and may be relied on by the Council until such time as I revoke it. I may revoke this Applicant Consent record at any time by giving Council written notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by Council. I acknowledge I have read and understood this Applicant Consent.

Signature

Date

## INFORMATION FOR APPLICANTS

Cook Shire Council will only accept this application if all information sought is provided by you. Additional information that you may have that supports your application can be attached. See Checklist below.

Please indicate preferred repayment frequency:    Weekly             Fortnightly             Monthly

### I have completed:

<b>Section 1</b>	Property owner details	<input type="checkbox"/>
<b>Section 2</b>	Property details for which concealed leak has occurred	<input type="checkbox"/>
<b>Section 3</b>	Property Owners	<input type="checkbox"/>
<b>Section 4</b>	Other Occupants of Property	<input type="checkbox"/>
<b>Section 5</b>	Grounds for Request	<input type="checkbox"/>
<b>Section 6</b>	Assets	<input type="checkbox"/>
<b>Section 7</b>	Liabilities/Debts	<input type="checkbox"/>
<b>Section 8</b>	Other Expenses	<input type="checkbox"/>
<b>Section 9</b>	Applicant Consent	<input type="checkbox"/>
<b>Section 10</b>	Statutory Declaration	<input type="checkbox"/>
<b>Attachments (if applicable)</b>	Certified Annual Tax Assessments (last 2 financial years)	<input type="checkbox"/>
	Certified Payslips	<input type="checkbox"/>
	Certified Centrelink Statements	<input type="checkbox"/>
	Non-profit Organisations – Profit and Loss Statement	<input type="checkbox"/>

Cook Shire Council  
 10 Furneaux Street (PO Box 3)  
 Cooktown, QLD 4895  
 Phone: 07 4082 0500  
 Email: [rates@cook.qld.gov.au](mailto:rates@cook.qld.gov.au)  
 Website: [www.cook.qld.gov.au](http://www.cook.qld.gov.au)

#### OFFICE USE ONLY

Approval issued  Yes  No

Date Received

Received by

# STATUTORY DECLARATION

Oaths Act 1867

## Statutory Declaration

QUEENSLAND  
TO WIT

I/We,   
of  in the State of Queensland

do solemnly and sincerely declare that all answers provided in the Application for Rates relief to be true and correct.

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

### SIGNATURE OF DECLARANT/S AND/OR DEPONENT/S

Signature	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Taken and declared before me at

this  day of

A Justice of the  
Peace/Commissioner for Declarations.

This application should be forwarded to:

The Chief Executive Officer  
Cook Shire Council  
PO Box 3  
COOKTOWN QLD 4895

Or emailed to: [mail@cook.qld.gov.au](mailto:mail@cook.qld.gov.au)