



Shire of Tammin

Hardship Application Template

Details	
Name and Address	Family Name (Surname): Given names:
	Postcode: Telephone:
	Address:
Assessment Number: Address of Property: Current owners:	
Number of people who are dependant on you (this may include a dependant spouse and any children under 18)?	
Have you previously made an application on the basis of financial hardship? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, have your circumstances changed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proposed Payment Plan	
Please select out of the following how you would like to process your payments. <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Amount: _____	
_____	_____
Ratepayers Signature	Date

Office use only

<input type="checkbox"/> Received	Reason:
<input type="checkbox"/> Approved	
<input type="checkbox"/> Rejected	
<input type="checkbox"/> Processed	
<input type="checkbox"/> Ratepayer Notified	