

Application for Deferral of Rates & Charges

Private and Confidential

Please note this deferral (if approved) is subject to rates and charges not being greater than 20 years overdue as provided by Section 712 of the Local Government Act, 1993.

For year commencing 1 July _____

Rate Account number

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Please use BLOCK LETTERS and tick appropriate boxes
All applications received are treated with complete confidentiality

I _____
(Full name in block letters)

of _____
(Address)

Telephone number () _____ Mobile _____

Email _____

Please Note - Interest is charged on deferred Rates and Charges for the 2019/2020 Year at the concessional rate of 3.09% pa.

Do you wish to defer ALL or PART of your annual Rates and Charges?.

(If part, specify the percentage you wish to defer) All Part _____ %

For the purposes of this application, I state the following information which I believe to be correct:

1. PENSION/BENEFIT DETAILS

(a) Do you receive any pensions or benefits? Yes No

If "Yes", state the pension or benefit received and how much received per week.

Pension/Benefit	\$	c	
_____	_____	_____	
_____	_____	_____	

(b) Do you have a current Pensioner Concession Card? Yes No

If "Yes", state Card No. _____
Date of grant of card _____

2. OWNERSHIP OR RESIDENCY DETAILS

- (a) Is this property your sole or principal place of living? Yes No
- (b) Is any part of the property tenanted? Yes No
- (c) Do you own the property,
- i. By yourself? Yes No
 - ii. With a spouse? Yes No
 - iii. With other person/persons? Yes No

If answers at items (ii) and/or (iii) is "Yes" state name(s) and address(es) of other owner(s) and the proportion of ownership held by each person.

- (d) Is the property owned as shares in a company title? Yes No
- (e) How many people live at the property? _____.

****Indicate by ticking***

- Self
- Spouse
- Children
(State ages _____)
- Boarders
- Relatives

Others ****Insert number***

- (f) Do you own or have an interest in any other land or buildings? Yes No

If "Yes", state address(es).

3. OTHER DETAILS

(a). How many children do you support _____ State ages _____

(b). What is the cause of financial hardship?

(c). How long have you been under hardship?

4. INCOME *State gross weekly amount received in dollars and cents.

(a) How much do you receive in pensions and benefits? \$ _____

(b) How much do you receive in compensation, superannuation insurance or retirement benefits? \$ _____

(c) Spouse's income (if any) \$ _____

(d) State income derived from any other member of the family or other person residing at the property \$ _____

(e) Other sources of your income (ie. full/casual/part time employment, etc.) \$ _____

(f) Family allowance \$ _____

(g) State name and current balance of any bank, building society, credit union, savings accounts etc. \$ _____

(h) Interest from banks, credit unions, building societies, investments etc. \$ _____

Statutory Declaration

Oaths Act, 1900, Ninth Schedule

I,, do solemnly and sincerely declare that the answers given to questions and other relevant information stated in the pages one (1) to four (4) of the attached Application for Deferral of Rates and Charges against my estate are true and correct in every material particular.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at: on.../.../...20.....
[place] [date] [signature of declarant]

in the presence of a Justice of the Peace, who states:

I,, a
[name of Justice of Peace] [Justice of Peace Registration Number]

certify the following matters concerning the making of this statutory declaration by the person who made it:

[* please cross out any text that does not apply]

1. *I saw the face of the person OR

I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. *I have known the person for at least 12 months OR

*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

.....
[describe identification document relied on]

..... on.../.../...20.....
[signature of Justice of Peace] [date]

Lodging your request for Deferral

By mail:

Chief Executive Officer
City of Newcastle
P O Box 489
NEWCASTLE NSW 2300

In person:

City of Newcastle
282 King Street
Newcastle NSW 2300

Email:

rates@ncc.nsw.gov.au

Protecting your privacy

City of Newcastle (CN) is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and CN's Privacy Management Plan.

Purpose: CN will use this information to determine how it can assist you in paying your rates and charges and confirms you wish to defer your rates and charges against your estate. You are certifying this by a Statutory Declaration.

Intended recipients: Selected officers within CN's Debt Management Team. This team is part of the Finance Business Unit which belongs to the Governance Directorate.

Supply: The supply of this information is voluntary.

Consequence of Non Provision: CN will be unable to determine if it can assist you in making special arrangements to pay your rates and charges.

Storage and security:

Your information will be stored in the electronic database and will only be available to selected officers in the Debt Management Team.

Access:

Your information can be checked for accuracy by calling the Debt Management Team on 4974 2000.