

FINANCIAL HARDSHIP (ELECTRICITY) APPLICATION

About this form

Use this form to request a payment arrangement for your electricity invoice. Please provide sufficient supporting documentation to allow Council officers to assess your financial position.

How to complete this form

1. Ensure that all fields have been filled out correctly.
2. Once completed you can submit this form by mail and in person. Please see Lodgement Details section for further information.
3. If there is insufficient space, please attach a separate sheet
4. Please use block letters

Privacy

Your personal information will be collected, managed and stored in compliance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APP) in force from time to time.

Type of Application (Please mark each relevant box) *

- I would like to make a payment arrangement
- I would like to request a variation to a payment arrangement due to ongoing hardship

Concession Card Information (Please mark each relevant item)

Do you currently receive an Australian Government Pension?

- Centrelink Dept. Veteran Affairs Other (please specify) _____

Pension Number: _____

Account Holder Information	
Full Name(s) of all account holders	
Physical Address of Electricity Supply	
Portion No.	
Meter No.	
Contact Telephone Number	
Contact Email Address	
The reason for requesting a payment arrangement	
Supporting Documentation Please provide sufficient supporting documentation to allow Council Officers to assess your financial position. If the invoice amount is greater than \$500 a letter from an accountant/financial counsellor is required confirming the account holder's financial hardship	

Is the property your principal place of residence?

Yes

No

Do you, or someone at your residence, require a continuous supply of electricity to run critical medical equipment such as an oxygen concentrator, a kidney dialysis machine or a ventilator?

Yes

No

If you answered Yes to the question above, please provide more information on your condition	
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Dependants

Please specify the number and ages of your dependants.

Number of Dependants		Ages	
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Declaration

I / We _____
(full name of applicants)

hereby declare that:

- I / We wish to make an application for financial assistance as I / we are experiencing financial hardship with the payment of invoices issued by the Norfolk Island Regional Council
- To the best of my / our knowledge, the information provided in this application is true and correct.

I / we authorise Norfolk Island Regional Council officers to verify any of the information provided in this application as appropriate with any other government department, agency or firm.

Signature:	Date / /
Signature:	Date / /
Signature:	Date / /

- **All applicants / owners must sign the application**
- **If you are receiving an Australian Government pension, a photocopy of your pension card is required to be attached to this application.**
- **Giving false or misleading information is a serious offence**

Lodgement Details

You can lodge the completed application by:

Mail: Norfolk Island Regional Council
P.O. Box 95, NORFOLK ISLAND 2899

In person: Customer Care
9 New Cascade Road, NORFOLK ISLAND

By Email: customercare@nirc.gov.nf

What now: Once your application is received, a Council Officer will respond within 10 working days.

Official Use Only	
Receiving Officer:	Date: