

Water Account Assistance

Please return completed form to:

General Manager
 PO Box 230, Lismore NSW 2480
 ABN: 81 383 023 771 T: (02) 6623 3800
 council@rous.nsw.gov.au www.rous.nsw.gov.au

Office use only

Your details

Property number: _____ Water meter number: _____
(As displayed on your water account) (As displayed on your water account)

I/We: _____
(Full name of all property owners in block letters)

of: _____
(Full property street address)

Phone: _____

Email: _____

apply for assistance under Council's Retail Water Customer Account Assistance policy.

1.Assistance sought

Select your requested outcome (Note: All relevant sections must be completed for processing of this application.)

Payment arrangement:

Total amount payment arrangement required for: \$ _____

Regular repayments of: \$ _____ Weekly Fortnightly Monthly

Nominate date first regular payment will be made: _____ / _____ / _____

Please complete section 6.

Write off interest on charges payable:

Please complete sections 4 and 6.

Extension of pensioner concession to avoid hardship:

Please complete sections 2, 3, 4, 5 and 6.

Medical allowance:

Please complete sections 3, 5 and 6.

2. Pensions and benefits

A. Do you, or another joint owner of the property, receive a pension or benefit from Centrelink or the Department of Veterans' Affairs (DVA)? Yes No
If No, proceed to section 3.
If Yes, please complete section B and C below.

B. Do you, or another joint owner of the property, have a current Pension Concession Card issued by Centrelink or a Concession Card issued by DVA? Yes No
If Yes, please provide details below for all cardholders.

1. Name on card:

Card number: _____ Card issue date: / / Centrelink DVA

2. Name on card:

Card number: _____ Card issue date: / / Centrelink DVA

C. Have you, or another joint owner of the property, claimed a pension concession on any other property this year? Yes No
If Yes, please provide details of the property and (where applicable) the relevant Council.

3. Residence

A. Is the property your sole or principal place of living? Yes No
If Yes, the property for which I am claiming assistance has been my sole/principal place of living since:

Year:

4. Details of hardship

A. What is the cause of the hardship?

B. How long have you been experiencing the hardship?

Years: _____ Months: _____

5. Other documentation

- Depending on the assistance you are applying for, you may need to provide additional information to support your application. **(Note: Please complete all relevant sections.)**
- Forms are available on Council's website or by contacting the Water Billing Team on (02) 6623 3800.

Documents required for your requested outcome (as per section 1)

(Please attach any other relevant information you feel may support your application.)

Extension of pensioner concession

- Pensioner Concession Application form, completed by the eligible pensioner **(where this has not previously been submitted to Council).**

Medical allowance

- Certificate from a registered medical practitioner, stating that an individual living at the property address in the 'Your Details' section on page 1 of this form, is using home-based water-dependent medical equipment.

6. Privacy statement and declaration

By completing and lodging this application form (and any related documents such as the Water Use Audit Report) you agree that you have provided the information requested voluntarily. The information is being collected by Rous County Council in accordance with the **Privacy and Personal Information Protection Act 1998** and Council's Privacy Management Policy. It will be used in order for Council to assess your eligibility for account assistance and for purposes related to the administration of the account assistance program, including the assessment of the effectiveness of the program. This may involve disclosing the information in this application to contractors engaged by Rous County Council. Provision of the information is voluntary, but if you do not provide the requested information, Council's assessment of your eligibility for account assistance may be hindered.

You should note that if you are not a pensioner, a condition of applying for account assistance is that you acknowledge that you are aware that your details (including information in this application) is usually published in a report that is publicly available on our website and considered by Council at a meeting that is open to the public. For more information about this, please refer to Council's Retail Water Customer Account Assistance Guideline, or contact a member of our Water Billing Team on (02) 6623 3800.

Rous County Council agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely. You may access or correct your personal information by contacting Rous County Council by telephone on (02) 6623 3800, or by writing to: General Manager, Rous County Council, PO Box 230, LISMORE NSW 2480.

If you have a complaint about the use of your personal information, please contact Council's Public Officer on (02) 6623 3800.

This declaration must be signed by all property owners.

I declare that to the best of my knowledge, the information I have provided is true and correct. I acknowledge that this application form will not be processed until all relevant sections are completed and submitted with supporting documentation. I have read and understand this application form, the Retail Water Customer Account Assistance policy and associated guidelines.

<i>(Full name of property owner in block letters)</i>	<i>(Signature)</i>	/ / <i>(Date)</i>
<i>(Full name of property owner in block letters)</i>	<i>(Signature)</i>	/ / <i>(Date)</i>
<i>(Full name of property owner in block letters)</i>	<i>(Signature)</i>	/ / <i>(Date)</i>
<i>(Full name of property owner in block letters)</i>	<i>(Signature)</i>	/ / <i>(Date)</i>

Office use only

Officer initial Data input date Date acknowledgement letter sent CM date

Notes