

## Financial Hardship Application Form 20/21

To be used in conjunction with FI 7 – COVID 19 Financial Hardship Policy

Please submit your completed form and supporting documentation via one of the following:

By Post: PO Box 863 In Person: CEO, George Fam Centre Email: admin@shire.gov.cx

Christmas Island 2 Murray Road

6798

APPLICANT/S	S DETAILS:
Applicant 1 Surname:	
First Name:	·
Address:	
Phone:	
Email:	
Applicant 2 Surname:	
First Name:	- <del></del>
Address:	<del></del>
Phone:	
Email:	
PROPERTY DETAILS	
Address:	
What is the F	inancial Hardship being experienced:
	Recent unemployment or under-employment
	Sickness or recovery from sickness
	Low income or loss of income
	Unanticipated circumstances such as caring for and supporting extended family
	Other (please specify):

Contact: Shire CEO

Shire.ceo@shire.gov.cx 9164 8300 (235) Shire of Christmas Island

2 Murray Road, Christmas Island

**AUSTRALIA 6798** 

suppo	ort your claim separately (ie ments, Employment Separation	claim of Financial Hardship. Please attach any documents that statement from social worker or financial counsellor, PAYG on Certificates, etc. All files will be confidential and filed as
		Form and any documentation submitted by the applicant(s) to he Shire CEO under the COVID19 Financial Hardship Policy.
		Form will deal with outstanding rates and service charges as at nd rates and service charges levied for the 2020/2021 financial
Paym of you	ent Plan that is realistic and acurate and acurate will give receivables. The Shire will give	of Financial Hardship in this process will be invited to discuss a chievable with the Shire of Christmas Island to assist in payment ive a total waiver of interest charges on late payments owing to ccrued from the date of lodgement of this form.
		r persons who have a Pensioner Card, State Concession Card or niors Health Care Card registered on their property.
	Recovery will be made under very Policy.	the COVID19 Financial Hardship Policy and not the usual Debt
	I acknowledge the above and	submit this claim under the COVID 19 Financial Hardship Policy
	Name:	
	Signature:	Date:

Contact: Shire CEO

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