



Financial Hardship Application Form

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

By email:

records@exmouth.wa.gov.au

By Post:

Shire of Exmouth
PO Box 21
EXMOUTH WA 6707

In Person:

Shire of Exmouth Administration
Ningaloo Centre
2 Truscott Crescent
EXMOUTH WA 6707

Applicant Details:

Surname/Business name: _____

First name/Contact name: _____

Residential Address: _____ Postcode: _____

Postal Address: _____ Postcode: _____

Telephone: _____ Mobile: _____

Property Details (if applicable):

Assessment Number (if known): _____

Property Address: _____

Details:

Details of Items Owed: (e.g. Rates, Invoice Numbers etc): _____

Please explain why you are applying for hardship (if not enough room please attach explanation): _____

Declaration:

It is hereby declared that:

- I am/we are experiencing extreme financial hardship.
- If this application is made on behalf of a Corporation, Company or Trustee I am the authorised officer/s
- I am/we are not bankrupt or subject to a bankruptcy petition.
- I/we will advise the Shire of Exmouth if there is any changes to my/our financial circumstances.

Signature: _____ Date: _____

Office Use Only

Requesting Officer Name: _____ Sign: _____ Date: _____

Authorised Officer Name: _____ Sign: _____ Date: _____

Information verified by Finance Department:

Name: _____ Sign: _____ Date: _____

How verified: _____

Creditor Number: _____ Creditor updated by: _____