



Riverina Water County Council APPLICATION FOR RELIEF; WATER BILLING HARDSHIP

Please provide additional information on separate sheets if necessary.

PLEASE ANSWER ALL QUESTIONS RELEVANT TO YOU IN **BLOCK** LETTERS, TICKING APPROPRIATE BOXES

RWCC Customer Details

Name: * _____ **Water Account:** * _____

Address: * _____ Date: * _____

Postal Address : _____ Phone: * _____

City/Town: * _____ Post Code: * _____ Phone 2: _____

Email: _____

1. Pensions and Benefits:

A. Do you receive any pensions or benefits? Yes No

B. Do you have a current Pensioner Card issued by the Commonwealth Government, or a Gold Card issued by the Department of Veterans Affairs? Yes No

***If Yes; Please complete a Riverina Water Pension Rebate Application Form if you are not already claiming a Pension Rebate with Riverina Water.**

2. Property Details:

A. Is this property your principal residence? Start Year: _____ Yes No

B. Are there people living at the property? (detail below) Yes No

Sole Owner

My spouse and myself: Spouse Name _____

Myself and the following people: Name _____

(if children, please note ages) Name _____

Name _____

Name _____

Life Tenant

C. Share of ownership: _____ % Evidence of Ownership is attached: Yes No

D. Do you own (fully or partially) any other land or buildings? Yes No

If yes, list addresses: _____

3. Financial Hardship:

A. What is the cause of financial hardship? _____

B. How long have you been in hardship? _____

C. Please state gross WEEKLY income below: (Allow for wage/salary from employment, pensions and benefits, compensation, insurance, retirement payments, spousal income, rent, family allowance, and interest)

D. Please provide name and current balance of all bank, credit union or building society accounts you hold:

_____	\$ _____
_____	\$ _____
_____	\$ _____

E. Please provide details of WEEKLY outgoings: (Allow for rent/ home loan, other loans and hire purchase, health costs, council rates and charges, and other bills such as gas, phone, electricity)

F. Proposed Payment Arrangement (Please circle): a separate payment arrangement form will need to be signed if hardship is approved

Amount: \$ _____ Weekly Fortnightly Monthly

Proposed end date of arrangement: _____

G. Please note or attach any additional information that may assist with your application.

Number of attached pages: _____

Notes:

4. Customer Authorisation

I hereby declare that the information provided in this application is true and correct.

Signature: _____ Date: _____

Please return application form to:	Riverina Water PO Box 456 WAGGA WAGGA NSW 2650	or Fax to 02 6921 2241
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Office Use Only

Approved:		Period Commencing:	1/ __ __ / 20__ __
Registered:		Processed:	