City of Kalamunda

COVID-19 Crisis Relief Fund

Individual Eligibility Criteria and Application Form





Overview

The City of Kalamunda has established a \$1m COVID-19 Crisis Relief Fund to support households, community groups and small businesses that employ staff and are subject to closure or highly impacted by the shutdown restrictions announced by the Government as a result of the corona virus (COVID-19).

Funding up to \$1000 is available for individuals towards Local Government Rates and/or infringements.

This document provides guidance for individual applicants of the COVID-19 Crisis Relief Fund. Please read these Guidelines before applying.

Definitions

The following definitions apply to the City's COVID-19 Crisis Relief Fund for Individuals:

- **Ratepayer**: a person who is liable to pay rates on a property in the City of Kalamunda. This may be the owner of the property or could also be the person renting the property if the rental agreement requires that person to pay rates.
- **Genuine financial hardship:** occurs when a ratepayer is genuinely unable to pay the rates and charges owed and unable to meet other financial obligations. Genuine financial hardship does not arise where it is inconvenient to pay the amount of rates owed or it is subject to the timing of income; for example, holiday pay, dividends, lump sum payment. Genuine financial hardship may occur in the following circumstances arising as a result of the COVID-19 pandemic crisis:
 - Loss or significant reduction in family income due to job loss or business closure (or both)
 - Serious illness resulting in incapacity to work
 - Any other factor that results in an unforeseen and substantial change in the ratepayer's capacity to meet their financial obligations.
- **Rates and charges:** means the following: Council rates and charges that appear on a rates notice:
 - General rate
 - Waste charges
 - Any interest or penalties that Council can charge if the rates and charges are not paid on time



Eligibility

Ratepayers are eligible to apply for a COVID-19 Crisis Relief Fund provided they meet the following criteria:

- Are a City of Kalamunda ratepayer (must be an individual and not a commercial ratepayer).
- The applicant must be the owner or co-owner of the property and liable for payment of rates and charges.
- Have demonstrated financial hardship due to COVID-19.
- Demonstrate all members of the household have lost their job or had a 30% decrease in income.
- Must demonstrate that other help received have not alleviated financial stress.
- Provide necessary documentation to prove financial hardship.
- Submit an application before 30 September 2020

Applicants must certify that they meet the eligibility criteria when submitting an online application. If any information in applications is found to be false or misleading, the application will be deemed as an unsuccessful application.

Evidence

If City staff require additional evidence to support an application by a ratepayer, they will explain exactly what they require and why they need it to determine the application.

Whether an applicant is successful or not will be determined by City of Kalamunda in its absolute discretion.

To access grant funding, applicants will be required to agree to Terms and Conditions at the time of application stipulating obligations and conditions under which assistance will be given to eligible applicants.

Potential applicants should note that information received in connection with an application may be used and communicated outside the City of Kalamunda for due diligence purposes and may also be provided to the Western Australian Government and third parties engaged by City of Kalamunda to assist with the assessment and processing of the applications received, together with program monitoring, reporting and evaluation purposes.



Application Process

The City's COVID-19 Crisis Relief application form and evidence of financial hardship are to be submitted by the ratepayer via **kalamunda.wa.gov.au**, email to **rates@kalamunda.wa.gov.au** or via post **PO Box 42**, **KALAMUNDA WA 6926**.

The provision of supporting evidence with the application will assist the prompt assessment of the application.

City staff will acknowledge the receipt of the application and may request other information if required. The application will be valid for a maximum period of 12 months from the date of approval.

Opening Date

Applications open **1 July 2020.**

Applications for the COVID-19 Crisis Relief Fund must be submitted via **kalamunda.wa.gov.au** email to **rates@kalamunda.wa.gov.au** or via post **PO Box 42, KALAMUNDA WA 6926.**

Closing Date

Round 1 applications close 5pm, Monday 31 August 2020.

More Information

If you require more information to participate in the program contact **enquiries@kalamunda.wa.gov.au**





Ratepayer Application Form

COVID-19 Crisis Relief Fund



The City ("We") recognises that some ratepayers may experience significant financial hardship during and as a result of the COVID-19 pandemic.

We aim to provide assistance to those ratepayers greatly impacted due the COVID-19 event without creating additional financial stress when the pandemic has been resolved. We are encouraging ratepayers who can continue to make payments on their rates to do so, preferably by 30 June 2021 to avoid new Rate Notices charges issued in July 2021 creating an even more financial difficulties.

Use this form to apply for:

- COVID-19 Financial Hardship 2020-21 Council Rates Payment Arrangement complete Property Information and Section 1 (inc. declaration).
- COVID-19 Financial Hardship 2020-21 Council Financial Assistance complete Property Information and Section 2 (inc. signed by an authorised witness).

Completed applications should be submitted to **rates@kalamunda.wa.gov.au** or in person at the administration centre.

If you are applying for assistance for more than one property, you must complete a separate application form for each property, as the nature, type and ownership of each may differ.

Property Information	
Assessment number:	
Property address:	
Applicant name:	
Phone number:	
Email address:	

Section 1: Payment Arrangement Application

2020/2021 Council Rates Payment Arrangement Request				
For our ratepayers who are currently experiencing financial hardship due to COVID-19 we offer the following: • longer payment terms				
 no administration fe 	e for setting up and adminis	strating the payment	plan	
• apply a 0% interest c	on outstanding rates balance	es for the 2020/2021 fi	nancial year.	
I wish to apply for a City of Kalamunda 2020/2021 Council Rates payment Yes No				
Is your request for a payment arrangement caused by the impact of COVID-19? Yes No				
Please tell us how you wish to pay the 2020/21 Council Rates account?				
2 instalments 4 instalments New payment arrangement (Special payment arrangement via Direct Debit) Start Date: Frequency: Estimated End Date: Estimated End Date:				rect Debit)
Please note we strongly encourag possible.	e ratepayers to propose a payment	plan to fully pay the outsto	anding Rates by 30 Jur	ne 2021, as far as

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COVID-19 Financial Impact			
Please select from the below the most appropriate reason/s for the financial hardship:			
I have become unemployed	I have had to take time off work to care for a family member		
My pay has been reduced by more than 30%	I have had to self-isolate for a period of time		
All employed members of my household have reduced their income by more than 30%	I have been diagnosed with coronavirus (COVID-19) and am unable to work for a period of time		
I have been stood down	Other, provide information:		
How long do you expect you will be experiencing financial hardship?			
1-3 months	3-6 months Longer than 6 months		
Declaration			
I declare that I am the ratepayer and authorised person of the above mentioned property			
I declare that the information provided within this application for COVID-19 financial hardship is accurate			
Documents to prove COVID-19 financial impact attached			
Authorised signature: Date:			

Section 2: Financial Assistance Application

Extreme Financial Hardship

The City has a Crisis Relief Fund for the Budget 2020/21 to assist those who are experiencing demonstrated extreme financial hardship due to COVID-19. **Dependant on funds available** and the approval process Ratepayers could get assistance of up to \$1000 for Local Government Rates, Fees and Charges predominately for the Waste Charges listed on the Rates Notice and/or Infringements (not available for repeat offenders).

Are you applying for financial assistance with your 2020/2021 Council Rates?	Yes	No
Are you applying for financial assistance with other Council Fees and Charges ie. the Waste Charges listed on the Rates Notice	Yes	No
Are you applying for financial assistance with an infringement?	Yes Provide detals below	No No
Infringement details:		
Note: This application is subject to approval and fundin COVID-19 Support Programs are available at kalamunc	0	ails about the City's

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Assistance Received To Date					
Have you or your em financial assistance Please indicate:		ny of the Federal Gove	ernment's core	onavirus (CO ^v	VID-19) or other
JobSeeper		Has this been receiv	red?	Yes	🗌 No
🗌 JobKeeker		Has this been receiv	ed?	Yes	🗌 No
Other Payment/s	s (Please explain):				
Income Gross Amount fortnightly, monthly)		Frequenc	:y		Amount
Wages and Salaries					
Pension or other go benefits	overnment				
Spouse or Partner i	ncome				
Interest from banks institutions or divid					
Compensation, sup insurance or retirme					
Have you received any other income (child support, rental income)?	State income type:				
			Income:		
	tion - Expenditure				
Expenditure Outgoing monthly)	s (weekly, fortnightly,	Provider Name	Freque	ncy	Amount
Mortgage/Home Loa	an				
Other mortgages/bu	siness loans				
Other loans					
Credit cards					
Utilities	Power Vater Rates Phone				
Insurances					
Living Expenses					
	Incompand		I	Expenditure:	
	Income and Expenditure				
	Summary			otal Income: Expenditure:	
			2000 10 4011	Balance:	

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nin our	Yes	🗌 No	
Did you make use of any of the services?		🗌 No	
Which services did you make use of?			
- I. t			
ounsellor?	Yes	🗌 No	
hip letter	Yes	🗌 No	
provide more	information:		
l agree to advise the Rates team as soon as any changes to the I Yes I No			
Supporting Evidence			
		ncial hardship	
Bank statement(s)			
Letter from a financial counsellor or planner confirming financial hardship			
Centrelink Documentation such as a statutory declaration from a person familiar with your financial circumstances (ie.			
family doo	ctor, accountant)		
larations Act 2005			
		Year	
	om a financial of free services p ounsellor? hip letter provide more s to the tion (see below your application Letter from financial h Letter from financial h Documen person fan	s highly recommended that Ratepaye orm a financial counsellor. Please see free services provided at kalamund ounsellor? Yes hip letter Yes provide more information: s to the Yes provide more information: s to the Yes tion (see below) to support your fina your application being processed. Letter from a provider who have dee financial hardship (ie. bank, super fur Letter from a financial counsellor or p financial hardship (ie. bank, super fur Documentation such as a statutory of person familiar with your financial ci family doctor, accountant)	

NOTE: THIS PAGE IS FOR YOUR INFORMATION ONLY

Important: This declaration must be mad	de before any of the following people:	
Academic (post-secondary institution)	Electorate Officer (State – WA only)	Physiotherapist
Accountant	Engineer	Podiatrist
Architect	Industrial organisation secretary	Police officer
Australian Consular Officer	Insurance broker	Post Officer Manager
Australian Diplomatic Officer	Justice of the Peace (any State)	Psychologist
Bailiff	Lawyer	Public Notary
Bank Manager	Local government CEO or deputy CEO	Public Servant (State or Commonwealth)
Chartered secretary	Local government councillor	Real Estate agent
Chemist	Loss adjuster	Settlement agent
Chiropractor	Marriage Celebrant	Sheriff or deputy Sheriff
Company auditor or liquidator	Member of Parliament (State or Commonwealth)	Surveyor
Court officer (Judge, magistrate, registrar or clerk)	Minister of religion	Teacher
Defence Force officer	Nurse	Tribunal officer
Dentist	Optometrist	Veterinary sur geon
Doctor	Patent Attorney	An authorised person under the Commonwealth Statuto Declarations Act 1959