

**Information for Owners/Applicants**

This application is for use by property owners who have incurred legal and professional costs due to late or non-payment of rates and now wish council to consider waiver, or partial waiver, of legal and professional costs.

The application will only be considered for residential properties where the property is the owner's principal place of residence and no commercial benefit is derived from the property and the owner has not previously successfully applied for waiver or partial waiver of legal costs.

Requests for legal costs to be waived will be considered if the rates are;

- paid in full **or**;
- a suitable arrangement has been approved by council and maintained; **and**,
- the applicant provides proof satisfactory to council of any of the following:
  - *Illness involving hospitalisation and/or incapacitation of the ratepayer at or around the due date for payment; or*
  - *the death or major trauma (accident/life threatening illness/emergency operation) of the ratepayer and/or associated persons (Spouse/Children/Parents) at or around the due date for payment; or*
  - *the loss of records resulting from factors beyond the ratepayer's control (Fire/Flood etc.); **and***
  - council is satisfied that the event was the cause of the ratepayer's failure to make full payment or contact council by the due date; **and**,
- the property owner can demonstrate a satisfactory payment history over the last 5 years.

*Please note: In considering this application council does so without any admission of liability and by accepting this application is not accepting that there has been any flaw in processes. Council does not provide any assurance that legal and professional costs will be waived or reduced as a result of this process.*

**Owner/Applicants Requirements****Complete and submit the Application for Full or Part Waiver of Legal and Professional Costs.**

All sections of the application are to be completed.

If the Applicant is not a Property Owner, the following must be attached:

- A letter of authority from an owner is required to be submitted with this application.
- The letter is to state the Applicant has the authority to apply for a Full or Part Waiver of Legal and Professional costs on their behalf and discuss the rate account with Council.
- Outline and provide supporting documentation that substantiates the incapacity of the ratepayer to pay the account by the due date, eg written notification from a medical professional.

**Privacy**

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with council's privacy policy.

[www.sunshinecoast.qld.gov.au](http://www.sunshinecoast.qld.gov.au) | [mail@sunshinecoast.qld.gov.au](mailto:mail@sunshinecoast.qld.gov.au) | T 07 5475 7272 F 07 5475 7277

Postal address Locked Bag 72 Sunshine Coast Mail Centre Qld 4560 | ABN 37 876 973 913

Caloundra office 1 Omrah Avenue Caloundra Qld 4551

Maroochydore office 10 First Avenue Maroochydore Qld 4558

Nambour office Corner Currie and Bury Streets Nambour Qld 4560

**1. Applicants Details**

Surname:			
Given Names:		Date of Birth:	
Postal Address:			
Suburb:		State:	Postcode:
Home Phone:		Mobile:	
Email Address:			

**2. Property Details**

Property No:			
Property Address:			
Suburb:		State:	Postcode:
Preferred Contact Person:		Mobile:	
The property for which I am applying for the waiver of legal and professional costs has been my/our sole/principal place of residence since ____/____/____			

**3. Application Details Part A (Medical)**

Please outline the medical circumstances contributing to the non-payment of rates:


**4. Application Details Part B**

Please provide details of the extenuating circumstances (other than medical) that contributed to the non-payment of rates

**5. Payment History/Commitment**

5a. Rates Paid in Full: Yes  (Proceed to Section 6) No  (Complete Section Below)

5b. Please provide details on why the account remains outstanding and your payment commitment to rectify this.

**6. Checklist**

I have not previously successfully applied for full or partial waiver of legal costs

I have paid the account in full or completed Section 5b

I have attached a medical certificate/letter from a medical professional to support this application

**7. Applicants Declaration**

I/We, the owner/applicant, declare that the information provided is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Council.

I/We, the owner/applicant, understand that the request for full or partial waiver of legal and professional costs will be reviewed by council and may be accepted or refused. Should this application be refused it remains the property owner's responsibility to pay legal and professional costs incurred due to unpaid rates and charges and this does not affect the property owner's legal rights to lodge a defence to the Statement of Claim.

I/We, the owner/applicant, understand that it remains the property owners/applicant's responsibility to inform the Sunshine Coast Council of any changes relevant to this application.

I/We, the owner/applicant declare the property is the owner/applicants principal place of residence and no commercial benefit is derived from the property

**Please note if supporting documentation is not provided your application will be returned for completion.**

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

OFFICE USE ONLY			
CCO forward to Knowledge Services	Knowledge Services forward to Credit Management FM25	Form No	Date stamp