Cowra Information & Neighbourhood Centre

Cowra Information & Neighbourhood Centre Inc.

Commonwealth Home Support Programme (CHSP)

Financial Hardship Application Form

This form is used to apply for a waiver or reduction of your CHSP service contribution due to financial hardship. Please complete all sections as fully as you are able. If you need help completing this form, please ask a staff member — assistance is available.

1. Applicant Details

Full name | **Date of birth**

Phone | **Email**

Postal address

Service(s) received from us

Name of person completing this form (if different from applicant) | **Relationship to applicant**

2. Reason for the Hardship Request

Please tick all that apply and describe your circumstances below.

☐ Unexpected financial hardship

☐ Changes in income

☐ Increased medical or living expenses

☐ Other exceptional circumstances

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Please describe your circumstances:

3. Financial Circumstances

This information helps us understand your capacity to contribute towards your services.

Source(s) of income (e.g. pension, employment, superannuation, other social assistance)

Approximate income amount **Frequency (e.g. weekly / fortnightly)**

Housing status / living arrangements (e.g. own home, mortgage, private rental, social housing, living with others)

Savings or other financial resources

4. Essential Living Expenses

Please outline your regular ongoing expenses below.

Expense	Amount	Frequency
Rent or mortgage payments		
Utilities		
Food		
Medical costs		

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Expense	Amount	Frequency
Insurance		
Transport		
Other essential living expenses		

5. Supporting Documentation

Where possible, please attach supporting evidence to help us assess your application. If you are unable to provide the documents below, please speak with us about alternative evidence.

☐ Pension or income statement

☐ Bank statement(s)

☐ Medical bills

☐ Rent or mortgage statement

☐ Other (please specify): _____

6. Declaration

I declare that the information provided in this application is accurate to the best of my knowledge. I consent to Cowra Information & Neighbourhood Centre Inc. assessing my financial hardship request using this information, and I understand I must notify the provider of any changes to my financial circumstances.

Signature **Date**

If completed on behalf of the applicant, please also provide:

Signature (person completing form) **Date**

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OFFICE USE ONLY — Assessment and Outcome

The assessing officer should consider:

- ☐ The individual's income, financial resources and overall financial position
- ☐ Essential living expenses and financial commitments
- ☐ Whether paying the contribution would compromise the individual's ability to meet basic living needs
- ☐ Any exceptional or unforeseen circumstances impacting the individual's financial situation

Assessed by (name and position) **Date of assessment**

Decision

- ☐ Approved — full waiver
- ☐ Approved — reduced contribution
- ☐ Declined

Agreed contribution amount (if applicable) **Duration of arrangement** **Review date**

Rationale for decision

Date outcome communicated to individual **Recorded in service agreement? (Y/N)**

This form should be read and applied alongside Cowra Information & Neighbourhood Centre Inc.'s Financial Hardship Policy and Client Contribution Statement. All contribution arrangements, including waivers or reductions, must be documented in the individual's service agreement, assessed fairly and consistently, and kept confidential.