



ACT GOVERNMENT
ESSENTIAL SERVICES REVIEW COMMITTEE

APPLICATION FOR RELIEF

Please indicate correct responses

I/We (full names - block letters)
of (residential address)
Telephone No s (w) (h)
make application for relief under the Essential Services (Continuity of Supply) Act 1992 in respect of the unpaid electricity account number for the residence located at
on the ground that payment of the relevant account would result in substantial financial hardship I hereby authorise the Essential Services Review Committee to investigate details in this application with the appropriate government departments or private firms
Applicant's signature

A. Residence Occupancy Details

1 Is the account for a residential property? YES <input type="checkbox"/> NO <input type="checkbox"/>	2 Do you live there full time? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3 Are there any other occupants living with you? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES, list the names of all other occupants including each occupant's relationship to you				
Name	Relationship	Age	Weekly income	Rental/board paid per week
4 What is the estimated current market value of the property?				
5 If the property is subject to any mortgages please give details				
Lending body	Balance of loan	Termination date	Monthly payments	Arrears
(a)				
(b)				
(c)				

B. Assets (other than place of residence)						
1. VEHICLES/MOTOR CYCLES						
(a) If you own any vehicles or motor cycles complete the following						
Reg No	Make	Model	Year	Current value		
i)						
ii)						
iii)						
(b) If any of the above vehicles or motor cycles are subject to hire purchase/loan, complete the following						
Reg No	Lending body	Balance of loan	Termination date	Monthly payments	Arrears	
i)						
ii)						
iii)						
2. REAL PROPERTY						
(a) If you own any property other than your place of residence, complete the following						
Type of property		Location			Market value (\$)	
(b) If the property is subject to any mortgages complete the following						
Lending body		Balance of loan	Termination date	Monthly payments	Arrears	
i)						
ii)						
iii)						
3. BANK /BUILDING SOCIETY/CREDIT UNION ACCOUNTS						
If you have any accounts (including term deposits) with financial institutions complete the following						
Institution	Branch	A/C No	Balance	Balance 12 months ago		
i)						
ii)						
iii)						
4 OTHER MAJOR ASSETS						
If you own a boat, caravan or other major item complete the following						
Item	Value	Lending body	Balance of loan	Termination date	Repayments	Arrears
i)						
ii)						
iii)						
5. OTHER FINANCIAL ASSETS						
Provide details of all bonds, shares and/or other investments you may hold						
6. COMPENSATION/THIRD PARTY CLAIMS						
Provide details of any outstanding compensation or third party claims This should include brief details of the accident, nature of injury, name of solicitor, likely date of settlement and likely value of settlement, if known						

C. Employment Details

1. Provide details of your employment over the past five (5) years. Any period of unemployment or as a pensioner s also be included

Employer	Employer's address	Period	Occupation
i)			
ii)			
iii)			
iv)			
v)			
vi)			

2. If you are a pensioner please complete the following

Type of pension	Pension number	Date of effect

D. Income

1. Provide details of average weekly income from all sources

Source	Amount
i)	
ii)	
iii)	
iv)	

2. If unemployed during the past five years state the periods when unemployment benefits were received

From / / to / /	From / / to / /	From / / to / /	From / / to / /
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E. Expenditure

1. What is your weekly expenditure?

	\$	Hire purchase/loans	
Food	\$	Car	\$
Clothing	\$	Furniture	\$
Mortgage	\$	TV	\$
Electricity/oil/gas	\$	Charge cards	\$
Medical expenses	\$	Bankcard	\$
School fees requisites	\$	Other	\$
Insurance/assurance	\$		

2. Give details of the weekly rent paid for the subject residence

Amount	Person/Company to whom rent paid
\$	

3. If any expenditure is shown for insurance/assurance complete the following

Type	Company	Premiums/weekly	Sum Insured
i)			
ii)			
iii)			
iv)			
v)			

