



AUSTRALIAN CAPITAL TERRITORY
CIVIL & ADMINISTRATIVE TRIBUNAL

Application Number

Client Number

ENERGY & WATER HARDSHIP ASSISTANCE

Application Form

Electricity, Natural Gas, Water & Sewerage Rates

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا احتجت لمساعدة في الترجمة الشفوية، إتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajnuna t'interpretu, ċempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar de ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodnioca telefonirajte:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

TRANSLATING AND INTERPRETING SERVICE
131 450
Canberra and District - 24 hours a day, seven days a week

Do you need the Tribunal to provide (at our cost) the services of a language or hearing impairment interpreter during that hearing?

If YES, in what language?

TTY (telephone service for the deaf) on 133 677

APPLICANT INFORMATION

Name

Date of Birth

Female Male

Address

Phone

Postal Address

Fax

Email

UTILITY INFORMATION

Utility

Service

Customer No

Utility

Service

Customer No

comments

ADDITIONAL INFORMATION

Type of housing:

House Unit/Apartment Caravan Other

Ownership:

Government rental Private rental Own home Community housing Other

Length of occupation:

less than 1 year 1-5 years more than 5 years

Are there any people living with you?

Yes No

Name Relationship to you Age Their income

Do you own a car, motor bike or any other vehicle? Yes/No Is the registration current? Yes / No

Are you currently employed? Yes How long? No. How long?

Occupation Full time Part-time Casual

Employer

Do you receive a pension or allowance? Yes. How long? No

Type

Household income (per fortnight)

pension/allowance \$
family payment \$
wage/salary \$
child support \$
compensation \$
other \$
food \$

Household expenditure (per fortnight)

rent	\$	medical/chemist	\$
electricity	\$	school fees	\$
gas	\$	child care	\$
phone	\$	mortgage	\$
personal loan	\$		
petrol/bus fares	\$	water rates	\$
centrelink advance	\$	land rates	\$
credit card	\$	insurance	\$
finances	\$	other	\$

DECLARATION

I make this Application under Part 12 of the Utilities Act 2000. I declare that the information on this form is, to the best of my knowledge, true and correct.

Signature:

Date:

ACT Civil and Administrative Tribunal - Energy and Water
PO Box 578, Civic Square ACT 2608 Phone: 6207 7740 Fax: 6207 7739 email: esc@act.gov.au