

HARDSHIP CERTIFICATION

CLIENT

Client's Name:

Client's Address:

Farm Business Address:

Farm Business Trading Name:

ABN:

TO WHOM IT MAY CONCERN

I certify the following details:

1. I am qualified as an accountant, a financial counsellor, or an agricultural consultant to assess the financial position of the Client to complete this Hardship Certification.
2. I am aware of the State's *2024 Drought Response Hardship Support Grant Scheme (Scheme)* which provides grants to applicant farm businesses who have been adversely impacted by drought or extended dry conditions.
3. I understand that the Client has made, or will be making, an application under the Scheme and is seeking this Hardship Certification to demonstrate financial hardship to satisfy one of the eligibility requirements of the Scheme.
4. In assessing whether the Client's farm business is experiencing financial hardship, I have had access to and considered financial records and other evidence provided to me by the Client or sourced from other available records (**Financial Information**).
5. In reliance on the above Financial Information, it is my professional view that:
 - (a) the Client's farm business suffering financial hardship; and
 - (b) the Client's ability to cover the cost of essential livestock stockfeed, water or transportation necessary for the continued operation of the farm business adversely affected by the above position.
6. To the best of my knowledge, I believe the Financial Information provided to me to be true and I have prepared this Hardship Certification in good faith based on available information.
7. I confirm that I do not have any conflict of interest in providing this Hardship Certification and do not stand to gain financially or otherwise from the Client making application to the Scheme.

SIGNED AND DATED

Signature

Name

Qualification / Position

Business / Organisation

Phone Number

Email

Date