



To appropriately consider your application you will need to complete the Financial Assessment below.

## FINANCIAL ASSESSMENT

### 16 Please provide details of your financial circumstances.

INCOME (Fortnightly after tax)	
Wages / Salary \$	<input type="text"/>
Government Benefit / Pension / Other Allowances \$	<input type="text"/>
Other Income (e.g. income from rental properties, investments, family member, friend etc.) \$	<input type="text"/>
Money in Bank / Building Society / Credit Union etc. \$	<input type="text"/>
<b>TOTAL \$</b>	<input type="text"/>

### 17A Number of dependants

17B EXPENDITURE (Living expenses, Fortnightly - approximately)	
Rent / Board / Home loan repayments \$	<input type="text"/>
Food \$	<input type="text"/>
Electricity / Gas / Telephone / Water \$	<input type="text"/>
Car Expenses (e.g. petrol, maintenance, insurance) \$	<input type="text"/>
Medical / Dental / Pharmaceutical expenses \$	<input type="text"/>
Public Transport \$	<input type="text"/>
Other Loan Repayments (e.g. car loan) \$	<input type="text"/>
Repayment to Credit / Store Cards (e.g. Visa, Mastercard, AGC, Myer Card, etc) \$	<input type="text"/>
Other Expenses \$	<input type="text"/>
<b>TOTAL \$</b>	<input type="text"/>

### 18 Do you have any exceptional financial circumstances you would like to be considered in this application?

Please provide details in the space provided below.

If you have additional information or supporting documents, please attach to this application.


### 19 Please list any infringement numbers you would not like included in your payment plan.

If you do not complete this section, it is assumed that you request all your outstanding infringements with Buloke Shire Council to be included in a payment plan.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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### 20 Declaration

I declare that the contents of this application are true and correct to the best of my knowledge.

I understand that my application will be assessed based on the information I have provided.

This application will only be processed if you have signed it.

#### Applicant's Signature

#### Date

#### Privacy Statement

Information (including personal information) is collected and held by this agency in accordance with the *Information Privacy Act 2000* and is not disclosed to third parties unless authorised by law or with your consent.

OFFICE USE ONLY		
Approved	YES	NO
Comment		
Endorsed by		
Date	/	/

When you have completed this Application please post it to: Buloke Shire Council, Box 1, WYCHEPROOF VIC 3527

You should receive a response from Buloke Shire Council within 14 days from receipt of your application.

If you have any questions regarding this application contact 1300 520 520