Payment Plan Application (for Infringements)



PERSONAL DETAILS 1 Title 11 Your Client reference number* (This may already be completed for you. If not known leave blank) Other Mrs Ms Miss Reference Number 2 Last name or family name 12 Are you currently on a Centrelink payment? Go to question 15 3 First or given name(s) Please provide Centrelink Reference Number 4 Current residential address And your payment type e.g. Newstart Allowance 13 Would you like your payment plan Instalments to be automatically deducted from your Centrelink **Postcode** payment via Centrepay? NOTE: Centrepay is a free and voluntary bill-paying service for Customers 5 Current postal address receiving Centrelink payments. It allows Customers to pay a variety of bills in (If the same as your residential address write 'as above'.) easy instalments. Yes Go to question 14 Go to question 15 14 For Centrepay, what is the amount you authorise us **Postcode** to deduct fortnightly from your Centrepay account? 6 Your email address Amount \$ **NOTE:** If Buloke Shire Council approves your application for a payment plan you must post the Centrepay form to Centrelink or Buloke Shire for 7 Date of Birth processing. Go to question 16. 15 What is the maximum amount you could pay? 8 Daytime contact telephone number Skip to 16 if you have completed 14. Fortnightly Amount \$ 9 After hours number Mobile phone number Monthly Amount \$ 10 Driver Licence Number I do not hold State of Issue OR a current Number driver licence

FINANCIAL ASSESSMENT

16 Please provide details of your financial circumstance	
INCOME (Fortnightly after tax)	like included in your payment plan. If you do not complete this section, it is assumed that you request all you
Wages / Salary \$	outstanding infringements with Buloke Shire Council to be included in a payment plan.
Government Benefit / Pension / Other Allowances \$	paymont plans
Other Income (e.g. income from rental properties,	
investments, family member, friend etc.) \$	
Money in Bank / Building Society / Credit Union etc. \$	
TOTAL \$	
17A Number of dependants	
17B EXPENDITURE	20 Declaration
(Living expenses, Fortnightly - approximately)	20 Declaration I declare that the contents of this application are true and correct to the best
Rent / Board / Home loan repayments \$	of my knowledge.
Food \$	I understand that my application will be assessed based on the information I have provided.
Electricity / Gas / Telephone / Water \$	This application will only be processed if you have signed it.
Car Expenses (e.g. petrol, maintenance, insurance) \$	Applicant's Signature
Medical / Dental / Pharmaceutical expenses \$	
Public Transport \$	Date
Other Loan Repayments (e.g. car loan) \$	DD / MM / YYYY
Repayment to Credit / Store Cards	Privacy Statement Information (including personal information) is collected and held by this
(e.g. Visa, Mastercard, AGC, Myer Card, etc) \$	agency in accordance with the Information Privacy Act 2000 and is not
Other Expenses \$	disclosed to third parties unless authorised by law or with your consent.
TOTAL \$	OFFICE USE ONLY
	Approved YES NO
18 Do you have any exceptional financial circumstance 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 attact this application.	n to
	Endorsed by
	Date / /