



# Hume City Council Financial Hardship Payment Plan Request

## Applicant details

First name

Last Name

Postal Address

Suburb

Post Code

Email

Mobile No.

Infringement No/s

Total penalty amount:

If you are not the person named on the infringement, you must include written consent from the person named authorising you to act on their behalf (see attached). Your application can not be processed without this authorisation.

The person named on the infringement will remain liable for the infringement/s should the payment plan not be approved, or if the payment plan defaults.

## Financial details

Are you currently receiving a CentreLink Payment?

☐ YES

☐ NO

What is the type of pension or benefit you are receiving?

Do you have a current Pensioner Concession Card, Health Care Card or Department of Veterans Affairs Card? *\*Please attach copy*

☐ YES

☐ NO

### What is the maximum amount you can pay?

An instalment plan cannot exceed 24 months

☐ Weekly payments

No less than \$5.00	\$
No more than 104 weekly payments	

☐ Fortnightly payments

No less than \$10.00	\$
No more than 52 fortnightly payments	

☐ Monthly payments

No less than \$20.00	\$
No more than 24 monthly payments	

Preferred start date

(Min. 2 weeks from today. No more than 8 weeks from today)

## Privacy Statement

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## Please provide details of your income

### Income (fortnightly after tax)

Wages / salary	\$
Government benefit / pension / other allowances	\$
Rental or investment income	\$
Other income eg income from child support, family member, friend etc	\$
Other income:	\$

### Total fortnightly income

\$

## Please provide details of your expenses

### Expenses (fortnightly)

Rent / mortgage / board / other accommodation (please circle)	\$
Food and groceries	\$
Utilities (eg electricity, gas, water)	\$
Telephone and mobile phone	\$
Other bills	\$
Car expenses	\$
Public transport	\$
Medical expenses	\$
Credit card repayments	\$
Insurance	\$
Education expenses	\$
Other loan repayments	\$
Other expenses (please provide details) eg other infringements, pet expense :	

\$

\$

\$

\$

### Total fortnightly expenses

\$

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Please provide details of any exceptional financial circumstances you would like to be considered for this application

## Payment plan conditions

### Instalment plans

An instalment plan cannot exceed 24 months and repayments will reflect this timeframe. To calculate the minimum repayment amount, divide the total of your outstanding penalty by 104 weekly payments, 52 fortnightly payments, or 24 monthly payments.

### Payment plan defaults

If payment is not received within 14 days of the due date, your plan will default and be cancelled.

A payment plan is only available on two occasions. If your payment plan is cancelled, you may not be entitled to another payment plan.

## Declaration

I understand and acknowledge that:

- The information provided in this application is true and correct, and completed to the best of my knowledge.
- I have read and understood the payment plan conditions.
- I understand my payment plan may be cancelled if I don't make payment within 14 days of the due date. I may not be entitled to another payment plan (extension of time to pay, or instalment plan) if my plan is cancelled.

I have included:

- ☐ Supporting documentation
- ☐ A copy of my pension, health care, or Department of Veterans Affairs Card is attached (if relevant)

Signed

Date:

### How to submit your form:



Email: [contactus@hume.vic.gov.au](mailto:contactus@hume.vic.gov.au)



Hume City Council  
PO Box 119  
DALLAS VIC 3047



At a Customer Service Centre:  
1079 Pascoe Vale Rd Broadmeadows  
44 Macedon Street Sunbury  
75-95 Central Park Avenue Craigieburn

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# Authorisation for another person to act on my behalf in relation to my infringements

## Infringement holder details

First name

Last Name

Postal Address

Email / Mobile no.

Infringement No/s

## Details of authorised person

First name

Last Name

Company

Postal Address

Email / Mobile no.

## Your consent to this authorisation

I authorise the above person to act on my behalf in relation to the infringement/s listed.

I understand I remain responsible for this infringement/s and that this authorisation does not transfer the responsibility of the infringement/s to the person nominated.

This authorisation shall remain in force until this infringement/s is resolved or until I otherwise revoke this authority. I understand that I may revoke this authorisation at any time, and that this must be in writing.

Signed

Date:

## Additional Notes

1. Your nominee must be over 18 years of age.
2. You do not need to complete this form if:
  - You have retained a lawyer to act on your behalf, or
  - You have executed a Power of Attorney, which is current and covers making decisions in relation to fines.
3. It is your responsibility to ensure that the person you nominate is aware of what you are allowing them to do limitations you place on this authority.
4. This authority will not apply to:
  - Making a nomination statement under the Road Safety Act 1986.
  - Any election or application to refer a matter to the Magistrates' Court.

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