



HUME CITY COUNCIL

Payment Plan Request due to Financial Hardship

Personal Details

First name			
Last Name			
Postal Address			
Suburb		Post Code	
Email		Phone No.	
Infringement No/s		Combined penalty amount:	

If you are not the person named on the infringement, you must provide written consent from the person named authorising you to act on their behalf. 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 the payment plan defaults.

Financial Details

Are you currently receiving a CentreLink Payment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of pension or benefit?	
Do you have a current Pensioner Concession Card, Health Care Card or Department of Veterans Affairs Card? <i>*Please attach copy</i>	

What is the maximum amount you could pay? (Select your preferred payment frequency)

An instalment plan cannot exceed 24 months, or for a Company must not exceed 12 months, and repayments will reflect this timeframe.

<input type="checkbox"/> Weekly	(no less than \$5.00 or \$10.00 for parking offences)	
<input type="checkbox"/> Fortnightly	(no less than \$10.00)	
<input type="checkbox"/> Monthly	(no less than \$20.00)	
Preferred start date	(min. 2 weeks from today. No more than 8 weeks from today)	

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's Privacy Policy, please either visit a Council offices or http://www.hume.vic.gov.au/Disclaimer_Copyright/Privacy_Statement

Please provide details of your income

Income (fortnightly after tax)	
Wages / Salary	
Government benefit / Pension / Other allowances	
Rental / Investment income	
Other income eg income from child support, family member, friend etc	
TOTAL FORTNIGHTLY INCOME	

Please provide details of your expenses

Expenses (fortnightly)	
Rent / Mortgage / Board (please circle)	
Food	
Electricity/gas/water/telephone/other bills	
Car expenses	
Public transport	
Medical expenses	
Credit card repayments	
Insurance repayments	
Education expenses	
Other loan repayments	
Other expenses (give details)	
TOTAL FORTNIGHTLY EXPENSES	

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

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's Privacy Policy, please either visit a Council offices or http://www.hume.vic.gov.au/Disclaimer_Copyright/Privacy_Statement

Declaration

I understand and acknowledge that:

- The information provided in this application is true and correct, and completed to the best of my knowledge.
- A response to my application will be sent by Council in writing to the address provided within 10 working days.
- If my payment plan is approved and I do not make a payment within 14 days of the due date provided in my payment plan schedule, my payment plan may be cancelled. I understand I may not be entitled to another payment plan (extension of time to pay, or instalment plan) if my plan is cancelled.

Please tick:

- Supporting documentation is attached
- A copy of my Pension card / Health Care card / Department of Veterans Affairs Card is attached (if relevant)
- My personal and financial details have been completed in full

Signed		Date:	
--------	--	-------	--

UPON COMPLETION

Email to: contactus@hume.vic.gov.au

Post to: Hume City Council
PO Box 119
DALLAS VIC 3047

Submit in person:

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

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's Privacy Policy, please either visit a Council offices or http://www.hume.vic.gov.au/Disclaimer_Copyright/Privacy_Statement