 Alternative Payment Arrangement

Application Form

Please submit your completed application form and supporting documents via one of the following:

**By email: By Post: In Person:**

info@exmouth.wa.gov.au Shire of Exmouth Shire of Exmouth Administration

 PO Box 21 Ningaloo Centre

 EXMOUTH WA 6707 2 Truscott Crescent

 EXMOUTH WA 6707

Applicant Details:

Surname:

First name/Contact name:

Residential Address: Postcode:

Postal Address: Postcode:

Telephone: Mobile:

Property Details:

Assessment Number:

Property Address:

2024/25 Rates Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you are unable to meet the existing 4 instalment payment option (if not enough room please attach explanation):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Please attach proposed Payment Plan Agreement detailing proposed dates and amounts of payment

Declaration:

It is hereby declared that:

* I/we are the owners and occupiers of the rated property
* The property is not used for any accommodation/income producing purposes.
* If this application is made on behalf of a Corporation, Company or Trustee I am the authorised officer/s
* I am/we are not bankrupt or subject to a bankruptcy petition.
* I/we will advise the Shire of Exmouth if there is any change to my/our financial circumstances.

Signature: Date:

Privacy: The personal information collected on this form will only be used by the Shire of Exmouth for the sole purpose of providing requested and related services. Information will be stored securely by the Shire and will not be disclosed to any third parties without your express written consent.

**Office Use Only**

Requesting Officer Name: Sign: Date:

Authorised Officer Name: Sign: Date:

Information verified by Finance Department:

Name: Sign: Date:

Assessment Number: Synergy updated by:

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Tick Box** | **Verification Method** |
| Property is owner occupied |  |  |
| No Rates overdue on Property (arrears from prior years) |  |  |
| Payment plan results in Rates paid in full by 30 June 2024.  |  |  |
| Payment frequency is weekly /fortnightly /monthly /quarterly |  | *Please circle proposed option* |
|  |  |  |
|  |  |  |

 Payment Plan Agreement

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rates Assessment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Arrangement Summary** |
| Start Date: |  |
| End Date: |  |
| Amount: |  |
| Frequency: |  |

**Detailed Payment Schedule:**

|  |  |  |
| --- | --- | --- |
| **Payment Date** | **Payment Amount** | **Balance Outstanding** |
| Opening Balance | 2024/25 Rates Amount Outstanding |  |
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*\*\* Interest will apply upon defaults of this plan.*

**Applicant**

Signature: Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shire Representative**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NB: Application is not confirmed until signed by both parties.*

*A copy of the signed agreement will be returned to the applicant.*