



APPLICATION FOR PAYMENT ARRANGEMENT

Applications can be emailed to toc@claremont.wa.gov.au, hand delivered or posted to PO Box 54, Claremont WA 6910.

Are you eligible to apply?

Any ratepayer, property owners, business owners, member of the community and/or sporting groups experiencing difficulties in meeting their financial commitments can apply.

Approved payment arrangements will incur interest at 5.5% per annum in addition to a \$51 payment plan fee.

How is a decision made about my application?

Your application will be assessed based on the information provided in the application form and any attachments submitted. After you submit an application, we will contact you if we need additional information.

Privacy and Confidentiality

We understand that the information requested in this application is sensitive and we will treat it as confidential and only use this information for making decisions regarding this application.

Right to have the decision reviewed

If you are not happy with our decision about your application, you can ask for the decision to be reviewed. Decision review requests can be submitted to the Chief Executive Officer, who will consider your request and advise you of the outcome.

If you are still unhappy with the decision and outcome of your appeal, you can seek advice from Ombudsman WA.

PART A - RATEABLE PROPERTY DETAILS**TO BE COMPLETED IF THE APPLICATION IS IN RELATION TO OUTSTANDING RATES OR SERVICE CHARGES**

Address:			
	Suburb:		Postcode:
Assessment Number (if known)			
Outstanding Rate Account Balance (if known)	\$		
Is the property owner / occupied or is it rented?	<input type="checkbox"/> Owner/Occupied		
	<input type="checkbox"/> Tenanted Rental		
	<input type="checkbox"/> Untenanted Rental		
If the property is rented, how is it managed?	<input type="checkbox"/> Managing Agent (provide agent's name)		
	<input type="checkbox"/> Privately managed		
If you are the lessee of the rateable property, what type of lease do you hold?	<input type="checkbox"/> Peppercorn	<input type="checkbox"/> Crown	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (Please provide details)	

PART B- DETAILS OF DEBT OWED**TO BE COMPLETED IF THE APPLICATION RELATES TO A DEBT THAT IS NOT A RATE OR SERVICE CHARGE**

Description of debt	
Invoice Reference	
Amount Owning	
Due Date	

PART C- TO BE COMPLETED FOR ALL APPLICATIONS

APPLICANT DETAILS

Ratepayer/Applicant 1			
Company Name			
Position			
Surname:		First Name:	
Residential			
Address:	Suburb:		Postcode:
Postal Address			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

Ratepayer/Applicant 2			
Company Name			
Position			
Surname:		First Name:	
Residential			
Address:	Suburb:		Postcode:
Postal Address			
	Suburb:		Postcode:
Email:			
Telephone:		Mobile:	

CIRCUMSTANCES ON WHICH THE APPLICATION IS BASED

<input type="checkbox"/>	<i>Please provide sufficient detail to enable your application to be assessed</i>

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SUPPORTING DOCUMENTATION

<input type="checkbox"/>	<i>Please list any supporting documents here</i>

PAYMENT PROPOSAL

Please provide a payment proposal that, if approved, will be your commitment to make payments toward your debt. Before selecting an option below, please consider all your financial commitments so that your payment proposal will **not** limit your ability to meet basic living expenses for you and your dependents.

<input type="checkbox"/>	OPTION 1 Regular Payment Plan															
	Nominate how much you want to pay and how frequently you want to pay this amount. This option is preferred as it will help you to reduce your debt through regular payments.															
	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Proposed Payment Amount:</td> <td colspan="3">\$</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Proposed Payment Frequency</td> <td style="text-align: center;"><input type="checkbox"/> Weekly</td> <td style="text-align: center;"><input type="checkbox"/> Fortnightly</td> <td style="text-align: center;"><input type="checkbox"/> Monthly</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Bi-monthly</td> <td style="text-align: center;"><input type="checkbox"/> Quarterly</td> </tr> <tr> <td>Proposed Start Date:</td> <td colspan="3"></td> </tr> </table>	Proposed Payment Amount:	\$			Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly		<input type="checkbox"/> Quarterly	Proposed Start Date:			
Proposed Payment Amount:	\$															
Proposed Payment Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly													
	<input type="checkbox"/> Bi-monthly		<input type="checkbox"/> Quarterly													
Proposed Start Date:																
<input type="checkbox"/>	OPTION 2 Defer Payment in Full															
	Nominate a date on which you will pay your debt in full. This option may be suitable if you are <u>temporarily</u> unable to work or <u>temporarily</u> have reduced income and you <u>know</u> when your circumstances will return to normal. DO NOT select this option if you are not certain that you can pay your debt in full on or before the nominated date, as if you fail to do so, the Town may initiate debt collection proceedings.															
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">Please defer my debt DUE DATE to:</td> <td style="text-align: center;"><i>(Write date here)</i></td> </tr> </table>	Please defer my debt DUE DATE to:	<i>(Write date here)</i>													
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SIGNATURE OF APPLICANT/S

Ratepayer /Applicant 1 Signature		Date:	
Ratepayer/Applicant 2		Date	

Signature			
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By submitting this application, you agree to promptly advise the Town in writing if there is any change to my / our financial circumstances.

APPROVAL

Office Use only

Approved/Not Approved

Signature of Authorising Officer		Date:	
Name of Authorising Officer			