

# Application for extended payments

## Personal Details

Given Name

Surname

Given Name

Surname

Postal Address

Email address

Home Phone

Mobile Phone

## Employer Details

Employers Name

Phone

Employers Address

Employers Name

Phone

Employers Address

Number of Dependants

## INCOME

\*net figures only\*

Applicant \$  Week/fortnight/month

Applicant \$  Week/fortnight/month

Additional Income Details  Amount: \$

## BENEFITS

Benefit Type:  Benefit Reference No

Benefit Amount \$  per week/fortnight/month

Family Allowance \$  per week/fortnight/month

Child Maintenance \$  per week/fortnight/month

**ASSETS**

Property Address  Postcode

Estimated Value \$

Motor Vehicle Make:  Year Model  Registration No:

Estimated Value \$

List Other Assets (eg. Boat/Household Furniture etc.)

<input type="text"/>	Value	\$ <input type="text"/>
<input type="text"/>	Value	\$ <input type="text"/>
<input type="text"/>	Value	\$ <input type="text"/>
<input type="text"/>	Value	\$ <input type="text"/>

**LIABILITIES**

Name of Mortgagee:

Balance Outstanding \$  Monthly Repayments \$

(If Renting) Agents Name:  Phone No.

Amount of Rent : \$  per month

Motor Vehicle Repayments Made To:

Monthly Repayments: \$

List Other Liabilities: eg. Loans, Credit Cards etc.

<input type="text"/>	Monthly Repayments	\$ <input type="text"/>
<input type="text"/>		\$ <input type="text"/>
<input type="text"/>		\$ <input type="text"/>
<input type="text"/>		\$ <input type="text"/>

**PLEASE NOTE:** TO FINALISE THE BALANCE OF \$

Please complete the below to indicate the arrangement that you are able to fulfill;

\$  , PAYABLE PER WEEK/FORTNIGHT/MONTH, FROM  to finalise the account by 30 June 2025.

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

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

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