

## Rates Payment Arrangement Application Form

63 Mount Barker Rd Stirling SA 5152 T: (08) 8408 0400 E: mail@ahc.sa.gov.au W: ahc.sa.gov.au

## Payment arrangements help spread your rates payments out over a longer period.

This means you can make regular weekly, fortnightly, or monthly payments. The minimum payment that Council can accept will depend on your current rates balance and how often you elect to pay. The aim should be to pay arrears balances in full within three months.

If you have defaulted on previous payment arrangements, you may find your request is not accepted. This is assessed on a case-by-case basis.

## **TERMS AND CONDITIONS:**

## No arrangement will be put in place until this completed form has been received by Council.

I/we agree to make regular payments as outlined below; if I/we am/are unable to make the agreed payment at the scheduled time I/we will contact Adelaide Hills Council in writing advising of missed payment. I/we acknowledge that failure to advise of missed payment/s will be regarded as an automatic default, <a href="mail@ahc.sa.gov.au">mail@ahc.sa.gov.au</a>. I/we acknowledge that repeated missed payments, even if notified to Council, may be regarded as a default.

I/we are aware that the balance of arrears will continue to accrue monthly interest and quarterly fines applied in accordance with the *Local Government Act 1999*, and which are also payable.

I/we understand that all payments received will be allocated in the following order and as applicable: Legal charges, fines, interest, rates in arrears, pursuant to Section 183 of the *Local Government Act* 1999.

By submitting this application, I/we acknowledge and accept that the payment arrangement outlined below will cover the full rates arrears balance, including any accrued interest, fines, and legal fees that may be applied.

I/we acknowledge and accept that Council reserves the right to escalate this file and/or resume legal action without further notice, should I/we fail to honour the agreed payment arrangement outlined below.

| Your contact details  |   |
|-----------------------|---|
| Full Name:            |   |
| Postal Address:       |   |
| Mobile Number:        |   |
| Email Address:        |   |
| _                     |   |
| Tell us about your ra | ates: (Please complete a separate form for each rate account) |
| Assessment No.        |   |
| Property Address:     |   |
| Rates Notice Date:    |   |

IMPORTANT: Council can accept a payment plan for your rates that will pay the arrears balances in full within 3 months. Please use this timeline to determine your payment frequency and amount.

For significant arrears balances where this is not achievable or where financial hardship provisions apply, please contact the Rates Team (<a href="mail@ahc.sa.gov.au">mail@ahc.sa.gov.au</a> or 8408 0400) to negotiate a payment plan tailored to your individual circumstances.

| Frequency [Tick ✓]:  | Weekly                              | Fortnigh                        | ntly                    | Monthly  |   |  |
|--|-------------------------------------|---------------------------------|-------------------------|--|---|--|
| Amount:  | <u> </u>                            |                                 |                         |  |   |  |
| Commencement date:   |                                     |                                 |                         |  |   |  |
| Will you be paying future qua  | rterly instalment                   | s as they fall                  | due [Circle             | ]: YES / NO  |   |  |
| OR   |                                     |                                 |                         |  |   |  |
| I am seeking an extension:   | 2 Weeks                             | 1 Mo                            | nth                     |  |   |  |
| OR   |                                     |                                 |                         |  |   |  |
| I can pay in full by [Date]  |                                     |                                 |                         |  |   |  |
| Current <u>Arrears Balance</u> : <u>Total Payments</u> to be made under this Arrangement | \$                                  |                                 |                         | nents should match or<br>e Arrears Balance.          |   |  |
| •  | need to ensure the periodical payme | ne scheduled<br>ent via your ir | payments<br>ternet bank | are made on time. You can king or by contacting your |   |  |
| Please return this form in   | n person to an                      | y of our Cu                     | stomer S                | ervice Centres or to:                                | _ |  |
| Email: mail@ahc.sa.gov.au  | OR F                                | ost: 63 Mou                     | ınt Barker F            | Road, Stirling SA 5152                               |   |  |
| After assessing your comp application.   | leted form, we                      | will notify yo                  | ou in writin            | g regarding the status of you                        | r |  |
| DECLARATION:   |                                     |                                 |                         |  |   |  |
| Full Name:   |                                     |                                 |                         |  |   |  |
| Signature: Date:   |                                     |                                 |                         |  |   |  |

By signing this form, I declare and affirm that:

- I am the Owner and/or Principal Ratepayer responsible for the payment of rates associated with the rate account specified on Page 1 of this form, and
- I have read, understood, and agree to abide by the Terms and Conditions outlined herein, and
- I acknowledge and accept the commitment to remit payments in accordance with the agreedupon payment schedule as specified above, fully recognising that failure to do so may result in further actions as outlined in the Terms and Conditions on Page 1 of this form.