



## Payment Plan Agreement Application

Please complete the following information for your payment plan application. Until the form is approved the debt recovery will continue to proceed unless stated otherwise. A payment plan will be approved once an authorised SVN Representative has signed this document.

Strata Plan: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason For Seeking Payment Plan: \_\_\_\_\_

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

I/We hereby agree to make payments against my outstanding debt as per the following details:

Total Arrears: \_\_\_\_\_ Instalment Amount: \_\_\_\_\_

Date of First Instalment: \_\_\_\_\_ Date Arrears will be paid in full: \_\_\_\_\_

Frequency: (Please Select)  Weekly  Fortnightly  Monthly

### I/We Declare:

I am the owner of the above lot and acknowledge my obligation to pay the levy arrears, including any penalty interest incurred. As I am not able to pay the full amount due/payable, I submit this payment plan proposal for consideration by the Council of Owners. I acknowledge that if for any reason, I do not make payment as per the proposed schedule, the Strata Scheme may commence legal action to recover any outstanding debt without further notice, and the payment plan will terminate. I acknowledge that I will pay new levies and invoices as they fall due during the payment plan period. I acknowledge this is a request only and until I receive confirmation in writing the payment plan has not been approved.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Council Approved: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return completed proxy/nomination forms to one of the following options:

Post SVN Strata  
Level 10, 12 St Georges Terrace  
PERTH WA 6000

Email info@svnperth.com

**SVN | Perth**

Level 10, 12 St Georges Terrace | Perth WA 6000  
T. 08 9427 7955 | E. info@svnperth.com | [svn.com.au](http://svn.com.au)