**RENT AND ARREARS PAYMENT PLAN**

Council is prepared to enter into a Rent and Arrears Payment Plan with you on the following terms to avoid commencement of recovery proceedings against you.

*Tenants are encouraged to seek independent legal advice as to the terms of this agreement prior to signing and returning same to our office or acting in accordance with its terms.*

1. This Payment Plan replaces any previous payment arrangement I have entered into with Torres Strait Island Regional Council (“Council”) for my rent and arrears.
2. I acknowledge that I have been a tenant at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address) with current rent \_\_\_\_\_\_\_\_\_\_\_
3. I acknowledge that I owe a debt to Council totalling $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) (“the debt”).
4. I agree to repay the Debt plus ongoing rent by way of ­**equal fortnightly instalments of** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each, payable directly to Council by way of:

Centrepay deduction; and/or

automatic payroll deduction; and/or

automatic bank account deduction (direct debit authority).

1. I agree that each fortnightly instalment represents:
   1. fortnightly rent of $\_\_\_\_\_\_\_\_\_\_on Debtor account No \_\_\_\_\_\_\_\_\_\_; **plus**
   2. fortnightly repayment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ against rental arrears on Debtor account No \_\_\_\_\_\_\_\_\_\_
2. I agree that the first fortnightly instalment of $\_\_\_\_\_\_\_\_\_\_\_\_\_ will be made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall be payable fortnightly thereafter.
3. I agree that each fortnightly instalment shall be made no later than seven (7) days after each fortnightly occurrence of the due date. I agree to contact my Housing Officer if there is any reason that a payment may be late.
4. I acknowledge that if I fail to make payment of any instalment pursuant to clauses 4, 6 and 7 above, that non-payment will be deemed a “default” under the Payment Plan.
5. I acknowledge that in the event of default, Council will issue a Notice to Remedy Breach (for a current tenancy) or a seven-day warning notice (“Notice”). I acknowledge that if I do not bring instalments up-to-date as required by the Notice, Council may end my tenancy and/or immediately commence legal proceedings against me, or take any other action it considers appropriate in the circumstances, to recover the remaining debt from me and may proceed on the basis that I have acknowledged my debt and without further reference to me.
6. I agree to review this Payment Plan with Council at intervals of at least six (6) months with a view to re-assessing my financial circumstances and increasing my fortnightly instalments if I am able to.
7. This Payment Plan may be replaced or amended at any time by written agreement between me and Council.

**Acknowledgement of terms**

I acknowledge that I have entered into this Payment Plan freely and voluntarily, and hereby agree to the terms set out in this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by tenant 1** | | in the presence of (witness) | |
| *Print name* | | *Print witness name* | |
| *Signature* | *Date* ....../....../........ | *Witness signature* | *Date* ....../....../........ |
| **Signed by tenant 2 (if any)** | | in the presence of (witness) | |
| *Print name* | | *Print witness name* | |
| *Signature* | *Date* ....../....../........ | *Witness signature* | *Date* ....../....../........ |
| **Signed by tenant 3 (if any)** | | in the presence of (witness) | |
| *Print name* | | *Print witness name* | |
| *Signature* | *Date* ....../....../........ | *Witness signature* | *Date* ....../....../........ |

**PAYMENT OPTIONS**

1. **Centrepay:** To pay instalments via an automatic deduction from your Centrelink benefit, please complete and return the **enclosed** Centrepay form by the due date.
2. **Direct debit:** To pay instalments via an automatic deduction from your bank account, please complete and return the **enclosed** direct debit authority form by the due date.
3. **Payroll deduction:** To pay instalments via an automatic payroll/wage deduction:

* For Council employees:

Please complete and return the Payroll Deduction Authority Form (ECM document No 86315) to: [payroll@tsirc.qld.gov.au](mailto:payroll@tsirc.qld.gov.au) by the due date.

* For non–Council employees:

Please organise with your human resources manager as soon as possible.

All payments must be made to the following account and must include the transaction reference (Debtor account number):

TSIRC General Fund

BSB 084-951 Account number 7524 34776

Transaction reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Debtor account number)