

KILDARE COUNTY COUNCIL  
APPLICATION FORM TO PAY NPPR BY INSTALMENTS



**Please complete and return to:**

NPPR Section, Finance Dept, Kildare County Council, Aras Chill Dara, Devoy Park, Naas, Co Kildare.

**Name:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

**P.P.S. No.** \_\_\_\_\_

**Contact Tel. No.** \_\_\_\_\_

**NPPR Account Reference No:** \_\_\_\_\_ or

**Address of NPPR(s):** \_\_\_\_\_

**Was this property a NPPR on the following liability dates:**

31st July 2009: Yes/No, 31st March 2010: Yes/No, 31st March 2011: Yes/No, 31st March 2012:  
Yes/No, 31st March 2013: Yes/No

I wish to apply to discharge the NPPR Charge (s) and any associated late penalty fees due by me in respect of the above property/properties by means of instalments on the grounds of genuine financial hardship and I enclose the following documents in support of my claim:-

Please tick

- Balancing Statement issued by The Revenue Commissions for the last relevant tax year.
- Details of current household income from all sources including rental income
- Bank or other Lending Agency Statements/Correspondence and savings
- Submission from Money Advise and Budgeting Services on behalf of applicant
- Evidence that hardship was granted by another State body.
- Details of any loan repayments on the property in question
- Details of rental income from the property in question
- Other (please specify) \_\_\_\_\_

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In the case of a business, please also provide the following documentation:

- Latest set of audited accounts
- Statement of Affairs from Accountant

Should your application be accepted, please state your proposed payment plan:

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I understand that the decision of the Council in relation to this application will be based primarily on the supporting documentary evidence submitted and that I am required to provide sufficient and relevant supporting documentary evidence to prove that genuine financial hardship exists.

I also understand that should I fail to pay any of the instalment payments by the due dates this will result in the cessation of the agreement and the re-application of late payment fees from the month of the claim for hardship (not from the last instalment payment made).

I declare that the information provided by me in relation to this application is true and that all relevant information has been disclosed.

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