



## Payment Agreement & Personal Information Disclosure

Sussex County Government  
Finance Department, Collections  
2 The Circle  
P.O. Box 589  
Georgetown, DE 19947  
(302) 855-7831

Property Tax ID

APPLICANT INFORMATION			
Full Name:	Date of Birth:	Social Security Number:	
Street Address:	City:	State:	ZIP:
Telephone Number:	Cell Number:	Email Address:	
Employer Name:	Phone Number:		
Employer Address:	City:	State:	ZIP:
Length of Employment:	Current Position:	Gross Annual Income:	
CO-APPLICANT INFORMATION			
Full Name:	Date of Birth:	Social Security Number:	
Street Address:	City:	State:	ZIP:
Telephone Number:	Cell Number:	Email Address:	
Employer Name:	Phone Number:		
Employer Address:	City:	State:	ZIP:
Length of Employment:	Current Position:	Gross Annual Income:	
CONTACT INFORMATION			
Name, phone number, and address of closest relative (not living with you) _____			
TERMS AND CONDITIONS			
I agree to make monthly payments in the amount of \$ _____ beginning _____ for a period of _____ months. During that time, I am responsible for paying in full any future tax or sewer bills on or before the required due date. While in the payment plan, I am still subject to the Clean Hands Ordinance, preventing new permits/applications while delinquent. Failure to maintain monthly payments or to pay future bills may result in the agreement being deemed null and void and all balances immediately due. Further, should the property cease to become my primary residence or if it is determined that the property is not my primary residence, the agreement will be deemed null and void and all balances immediately due. Sussex County reserves the right to collect any/all past due balances via Delaware Division of Revenue's tax intercept program and/or collect via the Monitions process.			
_____ (Applicant Signature)	_____ (Date)	_____ (Co-Applicant Signature)	_____ (Date)
_____ (Employee Name)	_____ (Date)	_____ (Department Name)	