

# APPLICATION

for extension of payment agreement due to fines and/or court costs

Name: \_\_\_\_\_ ID no: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Family structure:

## Information about the applicant's monthly income:

Paid salary: \_\_\_\_\_ ISK

Child benefits: \_\_\_\_\_ ISK

Child pension: \_\_\_\_\_ ISK

Housing benefits: \_\_\_\_\_ ISK

Child support: \_\_\_\_\_ ISK

Interest benefits: \_\_\_\_\_ ISK

Other income: \_\_\_\_\_ ISK

I, the undersigned, give the District Commissioner of North-West Iceland the permission to obtain data from the Directorate of Tax withholding register and about payments from the Social Insurance Administration as well as other data from public institutions that may be relevant to the assessment of my application.

\_\_\_\_\_

Date.

\_\_\_\_\_

Signature of applicant

## Data that must be sent with the application:

Copy of the applicant's two most recent tax returns\*

Copies of the applicant's three most recent payslips

## Other data that may support the application:

For example certificate of school attendance, medical certificate etc.

Data on real expenses such as rent, electricity, heat, housing, school, day care etc.

\*note that the application will not be processed until the tax returns have been submitted.