



## ACT REVENUE OFFICE RATES DEFERRAL (PENSIONER) APPLICATION

Please send application to PO Box 252 CIVIC SQUARE ACT 2608

For circumstances in which rates may be deferred, and the effect of a deferral of rates, see the *Rates Act 2004*, Division 7.2 (Deferral of rates).

### PLEASE USE BLOCK LETTERS

Please provide the full name and address of all owners. If there is insufficient space please attach a separate sheet.

Full Name:

Address:

Contact Phone No.

(H)

(W)

Full Name:

Address:

*(if address is the same, write AS ABOVE)*

Contact Phone No.

(H)

(W)

### Property Details

SUBURB

SECTION

BLOCK

UNIT

Is the property your principal place of residence?

Yes

No

### Pension Details

Please indicate the type of pension and your pension number

Centrelink

Pension Number/s

Department of Veterans' Affairs (DVA)

Pension Number/s

## Deferment

Please indicate which charges you would like deferred

Rates Arrears

Current Year's Rates

Interest

Future Year's Rates ##

\*\*Cost and expenses reasonably incurred by the Commissioner in attempting to recover the rates

## If you elect to defer future year's rates, all future rates (less your rebate entitlement) will be automatically deferred. You can stop the deferment of future rates at any time by requesting, in writing, that the deferment of future rates stop.

\*\* Only applicable if the ACT Revenue Office has initiated legal action to recover outstanding rates charges.

## Declaration

I/We \_\_\_\_\_  
(Full name of applicants / owners)

hereby declare that:

- I/We wish to make an application under Section 46 of the *Rates Act 2004* for a deferment of rates.
- To the best of my/our knowledge and belief, the information provided in this application is true and correct.

I/We authorise the Commonwealth Service Delivery Agency (Centrelink) or the Department of Veterans' Affairs to disclose to the ACT Revenue Office the following information from my/our records: name, date of eligibility for concession, and if relevant, date of loss of eligibility for concession. This information will be used by the ACT Revenue Office to confirm the information I/we have provided on this application and to confirm my/our eligibility for a deferment of rates. The information will not be used for any other purposes.

Signature

Date:        /        /

Signature

Date:        /        /

1. All applicants/owners must sign the application.
2. Giving false or misleading information is a serious offence (Section 338 *Criminal Code 2002*).

This form is Approved Form AF2006-74 under section 139C of the  
*Taxation Administration Act 1999*.