



# ACT REVENUE OFFICE PENSIONER RATES REBATE APPLICATION

For circumstances in which rates may be rebated, and the effect of a rebate of rates, see the *Rates Act 2004* Division 7.3 (Rebate of rates).

## Applicant 1

(Given Names)

(Family Name)

## Applicant 2

(Given Names)

(Family Name)

## Property Details

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_

If in credit, do you require a refund:

Rates Account No. \_\_\_\_\_ YES / NO

Have the applicants received a pensioner rebate of rates for any other property in the ACT:  
YES / NO. If yes, please provide details.

Suburb \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_

## Pension Details

Please attach a photocopy of front and back of all applicable pension cards.

Applicant 1 Pension No. \_\_\_\_\_ Date of Grant \_\_\_\_\_

Applicant 2 Pension No. \_\_\_\_\_ Date of Grant \_\_\_\_\_

## Pension Type

(Please tick applicable box)

Applicant 1 Centrelink ☐ Veterans' Affairs ☐ Pension Type \_\_\_\_\_

Applicant 2 Centrelink ☐ Veterans' Affairs ☐ Pension Type \_\_\_\_\_

## Ownership Details

Applicant 1 I have \_\_\_\_\_ % interest in the property

Applicant 2 I have \_\_\_\_\_ % interest in the property

## Authorisation

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 calculate the amount of pensioner rebate on rates. The information will not be used for any other purposes.

## Declaration

I/we declare that the property mentioned in this application is my/our principal place of residence and that no concurrent rebate has been or will be granted to me/us in respect of any other property in Australia.

I/we undertake to advise the ACT Revenue Office when the property is no longer my/our principal place of residence, or if I am/we are no longer eligible pensioner(s).

## Signature

Applicant 1 \_\_\_\_\_ Applicant 2 \_\_\_\_\_ Date: / /

## Contact Details

Please provide your telephone number (in case we need to contact you about your application): ( ) \_\_\_\_\_

**Note:** Please send your application to PO Box 252, Civic Square ACT 2608.

## Office Use Only

Card sighted by: \_\_\_\_\_ Photocopies attached: YES / NO

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

**Giving false or misleading information is a serious offence (Section 338 Criminal Code 2002) .  
This form is Approved Form AF2006-76 under section 139C of the Taxation Administration Act 1999.**