



# 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:  
YES / NO

Rates Account 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 a \_\_\_\_\_ % interest in the property

Applicant 2 I have a \_\_\_\_\_ % 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.  
This form is Approved Form AF2004-14 under section 139C of the *Taxation Administration Act 1999*.