



# ACT REVENUE OFFICE RATES DEFERRAL (HARDSHIP) 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: <i>(if address is the same, write AS ABOVE)</i>		
Contact Phone No.	(H)	(W)

Full Name:		
Address: <i>(if address is the same, write AS ABOVE)</i>		
Contact Phone No.	(H)	(W)

**Property Details**

SURBURB	SECTION	BLOCK	UNIT
---------	---------	-------	------

Is the property your principal place of residence?      Yes       No

What is the estimated current market value of the property?      \$

Are there any mortgages over the property?      Yes       No

▼  
If the answer is yes, please provide details.

Lending Institution	Amount Outstanding	Monthly Payment	Arrears
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## Income & Employment

Are any of the applicants currently employed?

Yes

No

Applicant	Employer	Occupation	No. of Years

Are any of the applicants in receipt of a pension or allowance?

Yes

No

Type of Pension/Allowance	Pension Number	Date of Effect

Please provide details of your fortnightly income from all sources eg. salary, pensions/allowances, investments, rental income or board, child maintenance and bank interest.

Income Source	Fortnightly Amount
	\$
	\$
	\$
<b>Total Fortnightly Income</b>	\$

## Expenditure

Please provide details of your fortnightly expenditure.

Food	\$	Car/Transport Costs	\$
Clothing	\$	Telephone	\$
Electricity/Oil/Gas	\$	Credit Cards	\$
Water & Sewerage	\$	Store Charge Cards	\$
Medical	\$	Hire Purchase/Loans	\$
School Fees/Expenses	\$	Personal Loans	\$
Insurance	\$	Repairs & Maintenance	\$
Mortgage	\$	Other	\$

## Assets

### Motor Vehicles (Including Boats, Caravans, Trailers and Motor Bikes).

Make	Model	Year	Registration	Value
				\$
				\$
				\$

Please provide details of the current market value of any other major assets.

Asset	Value	Other Assets	Value
	\$		\$
	\$		\$
	\$		\$

Please provide bank account details (including term deposit and investment accounts).

Financial Institution	Branch	Account Number	Balance
			\$
			\$
			\$

### Compensation and Third Party Claims

Do you have an outstanding compensation or third party claim due to a work related or motor vehicle or other injury or accident? If Yes, please provide brief details.

Yes  No

---

---

---

## Liabilities

Please provide details of Personal Loans, Credit Card liabilities etc.

Financial Institution/ Organisation	Loan Amount/ Credit Limit	Balance Owing	Fortnightly Repayments	Arrears
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

## Dependants

Please specify the number and ages of your dependants.

Number of Dependants

Ages

## Supporting Statement

Please provide details of any extenuating circumstances which you feel should be taken into consideration in assessing your application for deferment of rates. If insufficient space, please attach additional statement.

---

---

---

---

## Deferment

Please indicate which rates charges you would like deferred.

Rates Arrears

Current Year's Rates

Interest

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

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

## Declaration

I/We

(Full name of Applicants)

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 also authorise the ACT Revenue Office to verify any of the information provided in this application as appropriate with ACTEWAGL or any other government department, agency or firm.

Signature

Date: / /

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 AF2006-73 under section 139C of the  
*Taxation Administration Act 1999*.