

**Rates Deferral (Special Disability Trust) Application Form**

If you’re a property owner and a beneficiary of a Special Disability Trust, you may apply to defer your rates under the [*Rates Act 2004*](https://www.legislation.act.gov.au/a/2004-3/). For further information on Rates assistance visit the ACT Revenue Office website on <https://www.revenue.act.gov.au>. All fields must be completed.

Please forward completed application forms to the ACT Revenue Office at PPD@act.gov.au or post to
PO Box 293, Civic Square ACT 2608.

**OWNER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth: |  |
| Postal Address |  |
| Email  |  |
| Contact Phone Number: |  | Mobile: |  |

**PROPERTY DETAILS**

|  |  |
| --- | --- |
| Account number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit number | Street number | Street name | Suburb | Postcode |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Is the property your principal place of residence: | Yes No |

**SPECIAL DISABILITY TRUST DETAILS**

|  |  |
| --- | --- |
| Have you been assessed by the Australian Government Department of Human Services Special Disability Trust Team? | Yes No |

|  |  |
| --- | --- |
| Are you the sole principal beneficiary of a Special Disability Trust? | Yes No |

|  |
| --- |
| Copy of the Special Disability Trust assessment attached:  |

**PENSION DETAILS -** Please indicate the type of pension you have and your pension number.

|  |  |
| --- | --- |
| Disability Support Pension | Invalidity Service Pension - Department of Veterans’ Affairs (DVA) |
| Pension number: | Pension number: |

|  |
| --- |
| Pension card copies attached (front and back): |

**DEFERMENT DETAILS**

|  |  |
| --- | --- |
| Please indicate which charges you would like deferred: | Rates arrears: Current Year’s RatesInterest: Future Year’s 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.

**DECLARATION**

|  |  |
| --- | --- |
| I |  |

(Full name of all owner applicants)

**Declare that:**

* I wish to make an application under the *Rates Act 2004* for a deferment of rates;
* To the best of my knowledge the information provided in this application is true and correct;
* I authorise the ACT Revenue Office to verify the details that I/we have provided to substantiate my application to defer my rates liability;
* I understand that this information will be used by the ACT Revenue Office to confirm the information provided in this application and to confirm my eligibility for a deferment of rates and that the information provided will not be used for any other purpose;
* Applicants must sign the application.

|  |  |
| --- | --- |
| Signature of owner 1: |  Date: |

|  |  |
| --- | --- |
| Signature of owner 2: |  Date |

* Giving false or misleading information is a serious offence (Section 338 *Criminal Code 2002*).
* The applicant/owners must attach a copy of their pension card and Special Disability Trust as evidence.

# PRIVACY NOTICE

The Commissioner and staff at the ACT Revenue Office are dedicated to protecting your personal information and informing you of how we collect, hold, use and disclose it. The information we collect helps us determine whether you have a tax liability, or an entitlement for a grant, exemption or concession; or to ensure the efficient lodgement and refunding of rental bonds. It may be disclosed to third parties with your consent, or as permitted by law. Our privacy policy is available on our website. It explains how we manage information, how you can access and correct your personal information and our process for handling complaints.