

# Application for Rates Deferral or Rates Payment Arrangement



All information provided to Council will be treated confidentially

**COMMERCIAL PROPERTY**

## **Property Details**

Assessment Number \_\_\_\_\_

Property Address \_\_\_\_\_

Are you the

Owner

Landlord\*

Lease Holder

\*This deferral is conditional on the Landlord passing the benefit through to the Lessee (the business or effective ratepayer)

Business Name \_\_\_\_\_

## **Applicant Details**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Total amount outstanding \$ \_\_\_\_\_

## **Deferral Request**

4<sup>th</sup> Instalment 2019/20 Rates Deferred to 30 June 2021 (Interest free)

1<sup>st</sup> Instalment 2020/21 Rates Deferred to 30 June 2021 (interest free)

## **Payment Arrangement**

I would like to pay my rates via instalments

Instalment frequency

Weekly

Fortnightly

Monthly

Amount \$ \_\_\_\_\_

## **Please provide the following information**

This information is required to ensure a fair and equitable assessment of your application for deferral

I. Significant business impairment or revenue loss of at least 30%

Yes

No

2. Qualification for other government support

Payroll tax reduction

Withholding tax adjustment

Jobkeeper allowance

**Additional information:** Please provide any additional information that you feel is relevant to your application or will assist Council in assessing your application e.g. *sickness, accident, family/relationship issues, legal action and/or issues, literacy problems,*

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**Statement:**

I do solemnly and sincerely declare that to the best of my knowledge all the information I have provided in this document is true and correct.

Signature \_\_\_\_\_

Print your name \_\_\_\_\_

Date \_\_\_\_\_

**Please Note:** If an applicant intentionally provides inaccurate or misleading information to the Council during any stage of the application process, then Council can immediately revoke any assistance given, terminate any arrangement and seek reimbursement of any assistance given to the applicant.

**Please return this form via email to [rates@basscoast.vic.gov.au](mailto:rates@basscoast.vic.gov.au)**

Or address a plain envelope as follows:

“CONFIDENTIAL”

Revenue Services Team

Bass Coast Shire Council

PO Box 118

WONTHAGGI VIC 3995

*Council collects and holds this Personal Information in accordance with the Privacy and Data Protection Act 2014 (Vic) Principles. By signing the application form, you acknowledge that you give permission for Council to hold the information you provide.*