



Application for Assistance from the Independent Rates Relief Tribunal

Email completed form to:
OS-SSC-IRRT@brisbane.qld.gov.au
OR send it to:
IRRT, GPO Box 1434, Brisbane, QLD 4001

OFFICE USE ONLY
Date received:
Application number:

PRIVATE AND CONFIDENTIAL

Use this form to apply for rates relief or assistance. Ratepayers are ineligible to apply if they:

- do not reside at the property,
- own more than one property,
- receive a pensioner rebate,
- have the property listed for sale, or
- own vacant land, a multiple dwelling or a commercial/industrial property.

Before proceeding, it is recommended you seek advice from the Tribunal Secretariat by calling them on 31785640 or 37326923.

Q1 - Registered owner/s

Please enter the full name/s of all registered owner/s of the property:

1. Surname	Given names		
Occupation	Age	Marital status	Gross weekly income \$ <input type="text"/>
2. Surname	Given names		
Occupation	Age	Marital status	Gross weekly income \$ <input type="text"/>
3. Surname	Given names		
Occupation	Age	Marital status	Gross weekly income \$ <input type="text"/>
4. Surname	Given names		
Occupation	Age	Marital status	Gross weekly income \$ <input type="text"/>

Proof of income and the last two taxation Notices of Assessment must be attached for all owners

Q2 - Rate account number

Account number

Q3 - Property and contact details

Property address

Postcode

Postal address (if different from property address)

Postcode

Phone number (business hours)

Mobile number

Email address

Q4 - Occupants of the property (including children)

Given names	Age	Relationship to applicant/s	Occupation	Gross weekly income
				\$
				\$
				\$
				\$
				\$
				\$

Q5 - Other properties

List any other properties you own individually, jointly or as a director of a company:

Address	Purchase date of property	Estimated current value
		\$
		\$
		\$
		\$

Are there any encumbrances or caveats on the property?

Yes

No

Q6 - Other assets (vehicles, boat, shares, etc.)

Asset type	Details/financial institution	Amount/value
		\$
		\$
		\$
		\$

Have you attempted to sell or dispose of any of these assets? Yes No

If yes, provide details:

Q7 - Other income (dividends, Centrelink payments, superannuation or other payments)

Income type	Details	Monthly amount
		\$
		\$
		\$

Proof of income must be attached for all owners

Q8 - Significant financial commitments (mortgage/s, loan/s, credit card/s, etc)

Credit provider name, account number and branch	Purpose of loan	Date loan obtained	Term of loan	Monthly repayments	Arrears (If any)
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Have you attempted to negotiate payment arrangements? Yes No

Do you have any court judgments against you? Yes No

If yes to either of the above, provide details:

Last three months' financial institution statements must be attached where relevant

Q9 - Other monthly expenses (car registration, car and home insurance, food, electricity, phone/s, internet, water, gas, school fees, maintenance)

Provider	Item	Due date	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Q10 - Please provide details of the changes in circumstances that have affected your ability to meet your rates commitments (i.e. decline in income, sickness, long-term unemployment, etc.):

A large rectangular area with a light blue border and horizontal dotted lines, intended for providing details of changes in circumstances.

DECLARATION STATEMENT

I/We, the undersigned, state that all information provided is correct.

If it is determined the information provided is not correct, Council reserves its rights to deem the application ineligible at any time, irrespective of which applicant made the false declaration.

I/We undertake to accept the procedures and the rulings of the Independent Rates Relief Tribunal and that the decisions of the Independent Rates Relief Tribunal are not subject to appeal.

Privacy Statement

The personal information collected on this form will be used by the Independent Rates Relief Tribunal for the purposes of assessing your financial position only. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law.

Owner/Applicant 1
Name

Owner/Applicant 2
Name

Sign and date

Sign and date

Owner/Applicant 3
Name

Owner/Applicant 4
Name

Sign and date

Sign and date

I agree by transmitting the application electronically to Brisbane City Council and Council agreeing to accept it electronically, it has the same status as if I had signed it.

***If you need assistance in completing this application, please contact the
Tribunal Secretariat on 31785640 or 37326923***

APPLICANT'S CHECKLIST
Independent Rates Relief Tribunal

- | | | | |
|------|--|-----|----|
| 1. | Have you included all owner/s and proof of all owners' incomes? | Yes | No |
| 2. | Have you provided your rate account number? | Yes | No |
| 3. | Have you provided correct and up to date contact details? | Yes | No |
| 4. | Have you included all occupants of the property? | Yes | No |
| 5-9. | Have you provided information relating to all assets, income, financial commitments and expenses? | Yes | No |
| 10. | Have you provided details of the change in your circumstances, adding extra page/s as needed? | Yes | No |
| | Declaration statement: If posting the application, has it been signed by all owners?
(If emailing the form, physical signatures are not needed) | Yes | No |

Have you attached:

- | | | |
|---|-----|----|
| • last two taxation Notices of Assessment for all owners, | Yes | No |
| • proof of income (i.e. payslips, Centrelink statements or profit and loss statement) for all owners, | Yes | No |
| • mortgage statement, | Yes | No |
| • other relevant documentation, for example, medical information, financial statements, etc.? | Yes | No |

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Tribunal Secretariat on 31785640 or 37326923***