



Application for Rate Reduction for holders of Low Income Health Care Card 'LI'

Ph: 9840 9333 Fax: 9848 3110
Mail: PO Box 1 Doncaster 3108
Email: manningham@manningham.vic.gov.au

The rate reduction is only available to persons who hold a **Low Income Health Care Card** with the identifier '**LI**' shown on the card.

To be eligible for the rate reduction of \$62.70 for the 2018/2019 rates applicants must:

- **Have a current Health Care Card granted due to low income; and**
- **Be responsible for the payment of rates for their principal place of residence.**

Applications must be completed and returned to Council.

Applicant Details

Property No:

Property Address:

Applicant's Name: *(applicant must be responsible for payment of rates)*

Surname: Given Name:

Contact Phone No's:

Home: Mobile:..... Business:.....

Health Care Card number: **(provide copy of Health Care Card)**

--	--	--	--	--	--	--	--	--	--

Date Granted:

Card Expiry Date:

The information on this form is required to assess your eligibility for the rate reduction. For the purpose of applying for the rate reduction and verifying these details, the information may be provided by Council to Centrelink. The information will not be used for any other purposes without your consent. The information will only be retained for the period required by the Public Records Act 1973. You are entitled to access your personal information held by Council and seek to correct this information if necessary.

I declare that the above information is correct to the best of my knowledge. I further declare that this property is my principal place of residence, is used exclusively for residential purposes and that I have not made any other application in respect of any other property for this rating year.

I may revoke consent at any time by giving written notice. I understand that if I revoke my consent, I may not be eligible for the rate reduction provided by Council.

Applicant's Signature:

Date: