

Postponement of rates for seniors Application Form



Ratepayers who hold a State Seniors Card are now able to apply to council to postpone payment of council rates on their principal place of residence.

This application form will enable council to assess your eligibility to postpone the payment of your rates. Please also refer to the Explanatory Notes below.

Applicants name/s:

Name of State Seniors Card holder:.....

State Seniors Card number:(please attach photocopy)

Property address for postponement of rates:

Postal address:(if different from above).....

Telephone:

Are there currently mortgages over the property registered?

Please tick ✓ below.

Yes If yes, please attach a statement from the financial institution indicating the maximum credit limit secured by the mortgage.

No If no, please attach a copy of the Certificate of Title (Council can obtain a copy for you for a small fee if required).

EXPLANATORY NOTES:

1. You are eligible for postponement of rates if:
 - you are a State Seniors Card holder (or have applied for the card); and
 - the property is your principal place of residence (where you live most of the time); and
 - no other person, other than your spouse, has an interest as an owner of the property.
2. If you have a current mortgage over the property, you are required to have at least 50% equity in your property. You will need to obtain a statement from your financial institution which indicates the maximum credit limit secured by the mortgage, to include with this application form.
3. A minimum amount of \$500 of the annual rates must be paid.

For Example:

Total Rates amount	\$1500.00 (inclusive of fees and charges)
Minimum amount payable	\$ 500.00
Amount of rates postponed	\$ 1000.00

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4. The interest rate which will apply to the amount of rates postponed is prescribed in the Local Government Act (SA) 1999, Section 182A(12). Interest will be charged and compounded monthly on the total amount postponed, until the debt is paid. For the 2020-2021 rating period the interest rate prescribed is 3.20%
5. The accrued debt including interest is payable at the time of disposal or sale of the property. However, you have the discretion to pay all or any part of the debt at an earlier time.
6. You must inform council in writing within 6 months if your eligibility changes. For example, if you move out of your home or are no longer entitled to have a State Seniors Card.
Note: A \$5000 maximum penalty applies for failure to inform Council in writing within 6 months of the change in eligibility [Local Government Act (SA) 1999, Section 182A(8)].
7. Council will provide information about the postponed rates debt, and the interest accrued, with future rate notices.
8. **Note:** It is unlawful to make a false or misleading statement in your application. A \$10,000 maximum penalty applies [Local Government Act (SA) 1999, Section 182A(9)].

ASSESSMENT OF YOUR APPLICATION

Your application will be assessed and if approved, arrangements for the postponement of a portion of your council rates will be confirmed in writing to you and all owner/s of the property. If your application is denied, you will be advised in writing of the reasons for the denial. In this event, you will have the right to ask for a review of council's decision.

Please contact City of Marion Rating Services on 8375 6600 for further information.

DECLARATION

- I declare that the above property is the principal place of residence of the State Seniors Card holder and/or spouse (that is, the property lived in most of the time).
- I declare that I am either the Seniors Card Holder or his/her spouse.
- I declare that no person other than the Seniors Card holder and/or his/her spouse has an interest as an owner in the property.
- I declare that I have been informed and understand the conditions which apply to the postponement of rates scheme.
- I declare that the information I have provided on this application form, to the best of my knowledge, is true and correct.

Owner/applicant's name: Signature: Date:/...../.....

Owner/applicant's name: Signature: Date:/...../.....

Witness name: Signature: Date:/...../.....

CONTACT DETAILS

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