

## 2025/2026 Rates Rebate Application

The following information is requested in accordance with Section 85 Local Government (Rating) Act 2002 and Council's Rates Remissions and Postponements Policy. We reserve the right to request addition information to support your application.

## ARE YOU ELIGIBLE TO APPLY FOR THE HAMILTON CITY COUNCIL RATES REBATE?

These questions relate to property ownership on 1 July 2025:									
Are you applying (or have already applied) for a 2025/26 Government Rates Rebate?	Yes	No							
Do you own, live in, and pay the rates for a Hamilton property?	Yes	No							
Is this property in a trust, owned by a company, or also owned by people who don't live there?	Yes	No							
Do you own any other properties?	Yes	No							
Do you have more than \$30,750 in cash assets (e.g. savings, bonds, shares, cash)?	Yes	No							
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Please Continue below.

1. ABOUT YOU																						
First Name:											Las	t Naı	me:									
Property address:																						
Postal address (if	differe	ent):																				
Email address:																						
Contact phone nu	mber:										Nui	mbei	r of o	depe	ende	nts u	ınde	r 18:				
Do you have a par	tner/s	pou	se o	r oth	ner h	ome	eow	ner l	living	g wi	th yo	u:				Yes	;			No		
RATES NUMBER:																						
REBATE GRANTED:																						

## 2. GROSS INCOME (for the period 1 April 2024 to 31 March 2025)

YOUR INCOME		PARTNER/SPOUSE or OTHER HOMEOWNER INCOME						
Wages/Salary/Self employed	\$	Wages/Salary/Self Employed	\$					
Superannuation	\$	Superannuation	\$					
Interest/Dividends	\$	Interest/Dividends	\$					
Work and Income Benefits	\$	Work and Income Benefits	\$					
Work and Income Supplements	\$	Work and Income Supplements	\$					
Working for Families payments	\$	Working for Families payments	\$					
Other	\$	Other	\$					
Attach a summary of income for yourself and your partner/spouse or other homeowner.								
The s	summary of income needs t	to be for the 2024/2025 tax year.						
3. BANK BALANCES								
Attach evidence	e of your bank account bala	nces (e.g. ATM balance print out,	statement).					
This must have be	en issued within the last mo	nth and is required for all of your b	oanks accounts.					
4. DECLARATION								
l,	Your Full No	ате						
solemnly and sincerely declare that I believe the information I have given on this form is true and correct, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.								
Signed:		Date:						
Office use:		C* I						
Income document verified		Signed:						
Bank balances verified		Dated:						

The personal information that you provide on this form will be held and protected by Hamilton City Council in accordance with our Privacy Statement (available at https://www.hamilton.govt.nz/privacy and at our Libraries, Pools, and the Council offices, 260 Anglesea Street, Hamilton) and with the Privacy Act 1993. The Privacy Statement explains how we can use your personal information in relation to the interaction you have with the Council, and how you can access and correct that information.