



# Rates Remission Application Form

Application for rating year 1 July 2023 to 30 June 2024

## Customer details

Property ID:	<input type="text"/>	Valuation ID:	<input type="text"/>
First Name/s:	<input type="text"/>	Surname:	<input type="text"/>
Address of Property:	<input type="text"/>		
Email address:	<input type="text"/>	Best contact number:	<input type="text"/>

## Income declaration for the period 1 April 2022 to 31 March 2023

Source of income	Your income (enter gross amount)	Partner/Joint homeowner income
New Zealand Superannuation	<input type="text"/>	<input type="text"/>
Interest/dividends	<input type="text"/>	<input type="text"/>
Wages or salary	<input type="text"/>	<input type="text"/>
Work and Income benefits	<input type="text"/>	<input type="text"/>
Net business income	<input type="text"/>	<input type="text"/>
Other income	<input type="text"/>	<input type="text"/>
<b>Individual income total</b>	<input type="text"/>	<input type="text"/>
<b>Total combined income</b>	<input type="text"/>	<input type="text"/>

## Evidence

You will need to show the council proof of income –

### [Proof of income from Inland Revenue](#)

You can get a summary of income by logging into [Inland Revenue](https://www.ird.govt.nz/income-tax/income-tax-for-individuals) (https://www.ird.govt.nz/income-tax/income-tax-for-individuals) or you can call Inland Revenue on 0800 227 774 (NZ only).

### [Proof of income from Work and Income](#)

You can ask your case manager to give you a letter showing your income.

### [If you're self-employed](#)

You will need to provide a copy of your complete set of financial accounts, IR3B or IR10.

**Annual rates 2023-24**

**Rates increase**

**Notes**

\$		
----	--	--

**Declaration**

I certify that the information I have given in this Rates remission application is, to the best of my knowledge, true, complete and correct.

(Name in full)

Signature:

Date:

(If you are signing on behalf of the ratepayer, please attach a copy of the Power of Attorney).

-----  
Office use only

WDC Officer name:

Signature:

Date:

Remission amount approved:

Delegated authority name:

Signature:

Date: