



## Sections 85 and 87 of the Local Government (Rating) Act 2002

### 3 (B) REMISSION – NEAR OWNERSHIP SITUATIONS

#### Objectives of the policy

The objective of this policy is to assist ratepayers experiencing extreme financial hardship which affects their ability to pay rates.

#### Conditions and criteria

##### 1. Property held in trust

- a. The amount of the remission will be equal to the Council's Uniform Annual General Charge.
- b. The applicant may have savings up to a maximum of \$10,000 for the purpose of funeral expenses.
- c. The applicant's sole income is from a Central Government benefit (including New Zealand superannuation) and earnings on interest from savings for funeral expenses.
- d. The applicant must be the ratepayer and supply proof from the Trust Deed.
- e. The applicant must not be a financial beneficiary of the Trust.
- f. The applicant must not be eligible for a rates rebate.
- g. The applicant must provide an explanation and proof of hardship.
- h. The Rating Unit must be rated as Residential.
- i. The applicant must reside at the property.

##### 2. Habitat for Humanity

- a. The amount of the remission will be equal to the Council's Uniform Annual General Charge.
- b. The applicant must provide proof of the long-term sale and purchase agreement for the property with Habitat for Humanity.
- c. The applicant's sole income is from a Central Government benefit or their income is at or below the Central Government equivalent benefit and proof of income is supplied.
- d. The property must not be eligible for a rates rebate.
- e. The applicant must provide an explanation and proof of hardship.
- f. The Rating Unit must be rated as Residential.
- g. The applicant must reside at the property.

## Property details

Valuation number

Property identification  
number

Property address

## Owner/applicant details

Owner details

First name(s)

Surname

Applicant details  
(if different to above)

First name(s)

Surname

Postal address

Contact phone

Contact email

## Application details – please provide supporting documentation

**Applicant's signature**

Name of applicant

**Signature of applicant**

Date

**OFFICE USE ONLY**

Date received

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Application  
reviewed

ANSWER

Application accepted  
Remission journal

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