



### Request for Discounted General Arnona of Residence

In alignment with the governmental arrangement regulations (Arnona discount) of 1993

Discount for Year: \_\_\_\_\_

First name:	Surname:	Phone:	Mobile Phone:
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Passport Number:	Male/Female	Status: Single/Married/Divorced/Widowed	Number of People Living in Property:	Birth Date: / /
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<b>Address of Property</b>	Street	Number	Customer Number
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#### Ownership of Vehicle:

Model	Year of Make	License Plate Number

#### Do you own/rent another house?

No _____	Yes _____	Address if Yes:
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#### Employee/Independent, Please fill out tables A and B:

- A. Declaration regarding the owner/leaseholder and others living in the listing- Their income for the months October, November and December of the last year OR the income from the last 12 months of the last year.

	Relationship	Surname	Private Name	Passport Number	Age	Occupation	Place of Employment	Average Bruto Monthly Income
1	The Declarant							
2	Partner/Spouse							

3	Child							
4	Child							
5	Child							
6	Child							
7	Child							
8	Child							
9	Child							
10	Child							
11	Child							
12	Child							
<b>TOTAL</b>								

**B. Additional sources of income of the declared parties in section A. (A note for independents: Do not fill out incomes that were included in a notice of assessment).**

	Source	Sum in NIS		Source	Sum in NIS
1	Social Security Stipend		8	IDF Support	
2	Old Age Grant		9	Stipend from Other Country	
3	Pension from Employment		10	Compensation	
4	Survivors Pension		11	Income Support	
5	Disability/Handicapped Stipend		12	Supplementary Income	
6	Rent		13	Support	
7	Scholarships		14	Other* :	

- If you are renting out an apartment, and are paying lease on another apartment, please state the difference (if there is one) only.

***The discount will be calculated once in the fiscal year, according to the format you will choose in the following section:***

**Declaration:**

I declare that all the above details are true and precise and I have not hidden any details, and that this listing is my permanent residence.

I have no other source of income in addition to the above, and if it will be revealed that this declaration is false, I am liable to due taxation as according to the law and to have my request rejected.

I understand that the municipality may check the truth of the above statements.

I understand that if it will be shown that I have subtracted information or declared false information, my discount will be cancelled, I will be forced to pay all I owe (with additional interest) plus the possible expenses of investigation. I understand that in that case, I will pay the owed sums immediately.

I declare that if my economic or family situation will change, I will update the municipality.

<b>Please mark the correct details in the following section. Without this mark, the discount will not be completed:</b>	
<input type="checkbox"/> I would like to have my income calculated according to the months of October, November and December of the last fiscal year.	
<input type="checkbox"/> I would like to have my income calculated according to the months of January to December of the last fiscal year.	
<b>Date:</b> _____	<b>Signature of Declarant:</b> _____

**Necessary Documents:**

**General:**

- Updated and relevant rental/lease agreement
- Filled out Request document
- Photocopy of passport of declarant
- Printout of bank account balance from last 3 months
- For single parent: Divorce agreement and documentation in event of not receiving alimony.
- Lawyer signed declaration for single parent who is not receiving alimony for small children.

**For Employee:**

- 3 payslips: October, November, December, or for months January-December of last fiscal year.
- Approval from Social Security- Permit for stipend from social security for the last fiscal year
- Additional social security permits, if you have: Income supplements/ Unemployment/ Alimony/ Disability/ Maternity/ Old Age stipend/ Survivors stipend

**For the Unemployed:**

- Certificate from social security- Unemployed.
- Certificate from social security- Report of employer periods/ eligibility for stipends.
- Additional social security permits, if you have: Income supplements/ Unemployment/ Alimony/ Disability/ Maternity

**For Independents:**

- Tax assessment for year \_\_\_\_\_

**Children Above the Age of 18**

- For child in IDF service: Permit from the City Officer
- For child in civil or national service: Permit from the organisation or relevant offices.
- Lawyer signed permit for child that does not live in residence yet is still listed as a resident in the governmental listings.
- For employed child: See Employed, above. For unemployed child, see unemployed, above.

**In the event that you need to access permits from Social Security, and do not have a personal password from Social Security, please dial \*6050 and order a secret password. The password will arrive by mail to your address.**

**Remember- The code is personal, and you must order separate codes for each spouse and child over 18 living in the residence.**



