Customer Contact **1300 COUNCIL (1300 268 624)** 07 4679 4000

www.wdrc.qld.gov.au info@wdrc.qld.gov.au



## **Application Rates Pension Remission**

## **IMPORTANT NOTICE**

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to ascertain whether the client is eligible for Council and/or State Government Subsidy. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Department of Communities, Department of Veteran Affairs and/or Centrelink for the purpose of determining subsidy eligibility. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Property Details										
Property Address:				Assessment No:						
Suburb:			Postcode:							
Customer Details 1 (*phone contact details are required for processing purposes)										
Surname:			First Name:							
Postal Address:										
Suburb:			Postcode:							
*Phone (h):			*Phone (w):							
*Phone (m):			Fax:							
Email Address:										
Would you like to receive a response? (Please mark response)  If yes, how would you like to be responded to? (Please mark response)  Yes  Phone  Email										
Council Rates Remission and Queensland Government Pensioner Rate Subsidy Scheme										
Card Details (*required for processing purposes)										
Pensioner Concession Card. Card	issued by:									
☐ Veterans' Affairs	Veterans' Affairs Number									
Centrelink	Centrelink Number CRN									
Repatriation Health Card – For all conditions (Gold Card) and receiving either of the following benefits:										
☐ T.P.I. (Special Rate)	File Number									
☐ War Widow	File Number									
Rates Declaration (*requir	ed for processing purposes)									
Are you an owner of this property?		☐ Yes	□No							
If property is jointly owned, is the joint owner:		□ N/A (	not jointly owned)							
<ul><li>your spouse/defacto?</li></ul>		☐ Yes	□ No							
another person/s who are	wholly dependent on you?	☐ Yes	□ No							
Is the property your principal place of	residence?	☐ Yes	□No							

SIGNATURE REQUIRED ON SECOND PAGE TO FINALISE APPLICATION

Postal address: Western Downs Regional Council, PO Box 551, DALBY QLD 4405

Customer Details 2 ONLY COMPLE	TE IF DIFFERENT PERSON TO	CUSTO	MER 1	(*phone	conta	ct details	are requ	iired fo	or process	sing purpos	es)
Surname:				Name:						<u> </u>	
Postal Address:						•					
Suburb:			Pos	tcode:							
*Phone (h):			*Pho	one (w):							
*Phone (m):			Fax								
Email Address:			•								
Council Rates Remission and Queensland Go	overnment Pensioner Rate Sub	sidv Scl	neme								
Card Details (*required for process											
Pensioner Concession Card. Card issued by											
☐ Veterans' Affairs	Veterans' Affairs Number _										
Centrelink	Centrelink Number CRN _										
Repatriation Health Card – For all conditions	s (Gold Card) and receiving eit	her of th	e follo	wing ber	nefits:						
☐ T.P.I. (Special Rate)	File Number										
☐ War Widow	File Number										
Rates Declaration (*required for pro	ocessing purposes)										
Are you an owner of this property?	!	Yes	□ N	0							
If property is jointly owned, is the joint owner:		□ N/A (ı	not join	tly owned	d)						
your spouse/defacto?		Yes	□ N	0							
another person/s who are wholly depleted.	pendent on you?	Yes	□ N	0							
Is the property your principal place of residence?		Yes	□ N	0							
Customer/s Signature											
This consent will be used for the purpose of authorisi				Services to	provid	e informatio	n to West	em Dow	vns Regiona	al Council to	
assess your eligibility in relation to concessions or se	rvices provided by Western Downs F	Regional C	Council.								
I/We, the above applicant/s, authorise:											
<ul> <li>the Western Downs Regional Council to use Centerlink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the Council to determine if I qualify for a concession or rebate.</li> <li>the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Western Downs Regional Council.</li> </ul>											
I understand that:											
the department will disclose personal information to the Western Downs Regional Council including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for relevant concession, rebate service.											
this consent, once signed, remains valid while I am a customer of Western Downs Regional Council unless I withdraw it by contacting the Western Downs Regional Council or the department.											
I can get proof of my circumstances/details from the department and provide it to Western Downs Regional Council so that my eligibility for relevant concession/rebate can be determined.											
if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession/rebate provided by Western Downs Regional Council.											
I/We, the above applicant/s, for the purpose of obtain verify data in order to process this application.	ing a Pensioner Remission/Subsidy,	declare th	nat the a	bove infor	mation	is true and	correct an	d give p	ermission f	or Council to	
Customer Signature 1:	Name:				[	Date:	1	/			
Customer Signature 2:	Name:				[	Date:	1	1			
Office Use Only											_
Assessment Number:											
,	ard Sighted  Initials:	Date:		/	/						
Copy of Card Supplied and attached to Form:				/	/						
Recommendation: Approved:											

Postal address: Western Downs Regional Council, PO Box 551, DALBY  $\,$  QLD  $\,$  4405  $\,$