

## 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 (\*phone contact details are required for processing purposes)

**\*\*\* Please note if Multiple Owners applying for rates pension remission - ONE FORM per person to be submitted\*\***

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)

 Yes

 No

If yes, how would you like to be responded to? (Please mark response)

 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 (\*required 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)

• your spouse/defacto?       Yes     No

• another person/s who are wholly dependent on you?       Yes     No

Is the property your principal place of residence?       Yes     No (if No, contact Council)

**SIGNATURE REQUIRED ON SECOND PAGE TO FINALISE APPLICATION**

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



## Customer Signature

This consent will be used for the purpose of authorising the Australian Government Department of Human Services to provide information to Western Downs Regional Council to assess your eligibility in relation to concessions or services provided by Western Downs Regional Council.

I <customer name> authorise:

- the Western Downs Regional Council to use Centrelink 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 business to determine if I qualify for a concession, rebate or service.
- Services Australia to provide the results of that enquiry to Western Downs Regional Council.



I understand that:

- Services Australia will disclose personal information to Western Downs Regional Council including my name/address/ and concession card type and status to confirm my eligibility for the Rates Pension Remission.
- 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 Services Australia. I can get proof of my circumstances or details from Services Australia and provide it to Western Downs Regional Council, so they can determine my eligibility for the Rates Pension Remission.
- if I withdraw my consent or don't alternatively provide proof of my circumstances or details, I may not be eligible for the Rates Pension Remission provided by Western Downs Regional Council.

○ **Signed:** \_\_\_\_\_

○ **Date:** \_\_\_\_\_

***I, the above applicant, for the purpose of obtaining a Pensioner Remission/Subsidy, declare that the above information is true and correct and give permission for Council to verify data in order to process this application.***



### Office Use Only

Assessment Number:	
Digital Card Sighted <input type="checkbox"/> Initials:      Physical Card Sighted <input type="checkbox"/> Initials:	Date:      /      /
Copy of Card Supplied and attached to Form: <input type="checkbox"/> Initials:	Date:      /      /
Recommendation:	Approved:

