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:		
	ntact details are required for pro ners applying for rates pension i			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) If yes, how would you like to be responded to? (Please mark response) Yes No Email					
Council Rates Remission and Queensla Card Details (*required for pr		Subsidy Scher	<u>ne</u>		
Pensioner Concession Card. Card iss	ued by:				
☐ Veterans' Affairs	Veterans' Affairs Numb	er			
☐ Centrelink	Centrelink Number CRI	N			
Repatriation Health Card – For all con	ditions (Gold Card) and receiving	g either of the f	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 ov	vner:	☐ N/A (not	jointly owned)		
your spouse/defacto?		,	□ No		
another person/s who are who	olly dependent on you?	☐ Yes ☐	No		
Is the property your principal place of res	sidence?	☐ Yes ☐	☐ No (if No, contact Co	uncil)	

SIGNATURE REQUIRED ON SECOND PAGE TO FINALISE APPLICATION



Customer Signature

This consent will be used for the purpose of authorising Services Australia 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, the above applicant authorise:

- o 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.

Ι,	the	above	applicant	consent to	the	above
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ı, tı	ie above applicant consent to the above:					
0	Yes No (if No, you will be required to provide Western Downs Regional Council a Confirmation of Concession Card Entitlement from Centrelink or a copy of your Concession Card twice yearly to retain Rates Pension Remission eligibility)					
0	Name:					
0	Signed:					
0	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.

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Office Use Only

Office use only	
Assessment Number:	
Digital Card Sighted ☐ Initials: Physical Card Sighted ☐ Initials:	Date: / /
Copy of Card Supplied and attached to Form: Initials:	Date: / /
Recommendation:	Approved: