APPLICATION FOR RATES REMISSION PENSIONERS OR HEALTH CARE CARD HOLDERS

TO BE COMPLETED BY COUNCIL Relevant Date (Date at which rate was struck): Pensioner Health Benefits Card Copy: Yes / Not Applicable Pension Number: Property I.D. Number: Current Address: Name (in full): Address at relevant date (see above): Answer Yes or No to the following questions, and supply details where required. 1. Were you partly or wholly liable for the rates on the above property? 2. Was this property your principal place of residence on the relevant date? 3. Did you receive one of the following types of pensions at the relevant date? Tick the box to indicate the pension received: (B) Sole Parent (A) Age (C) Invalid/Disability Support/ (D) Service Sheltered Employment Allowance (E) Wife's or Carer's Widow's

4. Did you possess a Pensioner Health Benefits Card or Health Card Card on the relevant date?

Health Care Card

(G) TPI / War Widow

If you should lose your entitlement to a Centrelink/DVA pensioner concession card or a DVA gold card endorsed TPI or War/Widow/Widower or If you are no longer living in the property as at 1st July of a financial year it is your responsibility to advise Council.

If you fail to advise the Council of these changes or if you make a false and misleading statement, the Commissioner may commence action to have a fine imposed.

Declaration

I, of
Do sincerely declare that the information supplied on this application form is true and correct to
the best of my knowledge.
Declared at on
Signature of Applicant
I authorise:
* The Central Highlands Council (the council) and the Department of Treasury and Finance (Treasury) 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 Central Highlands Council and Treasury to determine if I qualify for a concession, rebate or service.
* Service Australia (the agency) to provide the results of that enquiry to the Central Highlands Council and Treasury.
I understand that:
* The agency will disclose personal information to the Central Highlands Council and Treasury including my name/address/payment type/payment status and concession card type and status to confirm my eligibility for a rates remission;
*This consent, once signed, remains valid while I am a customer of the Central Highlands Counci unless I withdraw it by contacting the Central Highlands Council or agency. I can get proof of my circumstances/details from the agency and provide it to Central Highlands Council or Treasury so my eligibility for a rate remission 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 rates remission provided by Central Highlands Council and Treasury.
Signature: Dated: