

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 Sighted : 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:

- | | | | |
|--|-----|----------------------|-----|
| (A) Age | () | (B) Sole Parent | () |
| (C) Invalid/Disability Support/
Sheltered Employment
Allowance | () | (D) Service | () |
| (E) Wife's or Carer's | () | (F) Widow's | () |
| (G) TPI / War Widow | () | (H) Health Care Card | () |

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

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 and the Department of Treasury and Finance 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 in order to enable the business to determine if I qualify for a concession, rebate or service.

* The Australian Government Department of Human Services (the department) to provide the results of that enquiry to Central Highlands Council and the Department of Treasury and Finance.

I understand that:

* The department will use information I have provided to the Central Highlands Council and Department of Treasury and Finance to confirm my eligibility for rates remission and will disclose to Central Highlands Council and Department of Treasury and Finance personal information including my name, address, payment and concession card type and status.

* This consent, once signed, remains valid while I am a customer of Central Highlands Council and Department of Treasury and Finance unless I withdraw it by contacting the Central Highlands Council and Department of Treasury and Finance or the department.

* I can obtain proof of my circumstances / details from the department and provide it to Central Highlands Council and Department of Treasury and Finance so that my eligibility for rates 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 department of Treasury and Finance.

Signature: _____ Dated: _____