



GOONDIWINDI REGIONAL COUNCIL

RATE ASSESSMENT NO.....

APPLICATION FORM STATE GOVERNMENT SUBSIDY ON RATES AND CHARGES PAYABLE BY APPROVED PENSIONERS YEAR ENDING 30 JUNE 2018

Name/s of Applicant/s (In full) _____

Address: _____
 _____ Postcode _____

Postal Address: _____

Telephone Number: _____

Description of Property: Town: _____

Street/Road: _____

Lot: _____ Plan _____

Parish: _____

Please complete the following:-

NOTE: Card/s must be produced at time of lodgement of the application

Eligibility:

1. **Details of the Card/s**

Please Tick

Centrelink - Pensioner Concession Card (Current Card)

Department of Veterans Affairs - Pensioner Concession Card (Current Card)

Department of Veterans Affairs - PTEC Card (Gold)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Given Name:	Card No.:	Granted:	Expires:	Sighted:
		/ /	/	
		/ /	/	

NOTE:- If the property is in joint names, and such joint owner is the SPOUSE, then only one name is required above

SPOUSE'S NAME:

2. **Ownership:** State whether the applicant/s (together with spouse if applicable) is/are the full and only owner/s of the property. **YES/NO**

- If the answer is "NO", explain the position including details of any other non-applicant person or body holding part ownership. (eg brother, sister, etc)

.....



3. **Responsibility for Paying Rates:** is the responsibility shared equally by all owners **YES/NO**

If the answer is "NO", one of the following is required in order for the applicant to be entitled to more than their proportionate share: -

- (i) Copy of Court Order
- (ii) Copy of Will

Office Use %

4. **Residential Status:** State whether the property is the principal place of residence of the applicant/s. **YES/NO**

(NOTE: The answer should be "YES" if the applicant/s reside/s on the property under normal circumstances and does not derive income from occupancy by other people during any absences).

5. **CERTIFICATE** - I/We sincerely declare that the information shown above is true and correct.

Signature of

Date:/...../.....

Applicant/s

Date:/...../.....



CUSTOMER CONSENT

FIRST APPLICANT

For the sole purpose of authorising Goondiwindi Regional Council to confirm with Centrelink whether or not the detail I have provided to Goondiwindi Regional Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I _____ authorise:

- Goondiwindi 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.
- The Australian Government Department of Human Services to provide the results of the enquiry to Goondiwindi Regional Council

I understand that:

- The department will use information I have provided to the Goondiwindi Regional Council to confirm my eligibility for relevant concession/rebate/service and will disclose to the Goondiwindi Regional Council 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 Goondiwindi Regional Council unless I withdraw it by contacting the Goondiwindi Regional Council or the department.
- I can obtain proof of my circumstances/details from the department of provide it to Goondiwindi Regional Council so that my eligibility for relevant concession/rebate/service 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/service provided by Goondiwindi Regional Council

I acknowledge I have read and understood this Customer Consent record.

(Customer Signature)

(Date)

SECOND APPLICANT (If Applicable)

For the sole purpose of authorising Goondiwindi Regional Council to confirm with Centrelink whether or not the detail I have provided to Goondiwindi Regional Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I _____ authorise:

- Goondiwindi 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 in order to enable the business to determine if I qualify for a concession, rebate or service.
- The Australian Government Department of Human Services to provide the results of the enquiry to Goondiwindi Regional Council

I understand that:

- The department will use information I have provided to the Goondiwindi Regional Council to confirm my eligibility for relevant concession/rebate/service and will disclose to the Goondiwindi Regional Council personal information including my name, address, payment and concession card type and status.
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I acknowledge I have read and understood this Customer Consent record.

(Customer Signature)

(Date)