



## Application For State Government Pensioner Subsidy Rates And Charges for Year Ending 30 June 2024

**Postal Address**

Locked Mail Bag 7  
Inglewood Qld 4387

**Telephone**

Ph: 07 4671 7400  
Fax: 07 4671 7433

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[www.grc.qld.gov.au](http://www.grc.qld.gov.au)  
[mail@grc.qld.gov.au](mailto:mail@grc.qld.gov.au)

**Name/s of Applicant/s (In full)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Property Description:** Town: \_\_\_\_\_

Street/Road: \_\_\_\_\_

Lot: \_\_\_\_\_ Plan \_\_\_\_\_

**Rate Assessment No:** \_\_\_\_\_

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

**Eligibility:****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)

☐

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: . . . . .

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**Property 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)

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**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 %
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**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).

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

Signature of Applicant/s

.....

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

.....

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)

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### 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.
- 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)