

APPLICATION FOR RATES PENSIONER CONCESSION

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

State Government Pensioner Remission

20% of general rates and charges to a maximum of \$200.00 per annum

Council Pensioner Remission

30% of all general rates, water, sewerage and cleansing

ELIGIBILITY

| | |
|--|--|
| Are you the owner/s of this property? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is this property your principal place of residence? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you receive a pension / concession from the Commonwealth Government? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| You do not receive a pension remission from another Local Authority/Council? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

You must answer 'Yes' to all of the above questions to be eligible to receive the 'Rates Pension Concession' by either the Queensland State Government or Isaac Regional Council.

PROPERTY DETAILS

| | |
|------------------|----------------|
| PROPERTY ADDRESS | |
| LOT & PLAN | ASSESSMENT NO. |
| POSTAL ADDRESS | |

If the postal address is not the same as the property address, applicants must attach a statutory declaration which confirms that this property is their "Principal Place of Residency".

APPLICANT DETAILS (1)

| | |
|----------------|--------|
| NAME | |
| DATE OF BIRTH | |
| POSTAL ADDRESS | |
| PHONE | MOBILE |
| EMAIL | |

APPLICATION FOR RATES PENSIONER CONCESSION

| | |
|-------------------------|----------------------|
| PENSION CARD NO. | |
| TYPE OF PENSION | DATE OF ISSUE |

APPLICANT DETAILS (2)

| | |
|-------------------------|----------------------|
| NAME | |
| DATE OF BIRTH | |
| POSTAL ADDRESS | |
| PHONE | MOBILE |
| EMAIL | |
| PENSION CARD NO. | |
| TYPE OF PENSION | DATE OF ISSUE |

DECLARATION

I/We authorise:

- The Isaac 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/we qualify for a concession, rebate or service.
- Services Australia (the agency) to provide the results of that enquiry to Isaac Regional Council.

I/We understand that:

- The agency will disclose personal information to Isaac Regional Council including my name, address and concession card type and status to confirm my eligibility for Pension Remission/Rebate.
- This consent, once signed, remains valid while I/we am a customer of Isaac Regional Council unless I/we withdraw it by contacting the Isaac Regional Council or the agency.
- I/We can get proof of my circumstance/details from the agency and provide it to Isaac Regional Council so my eligibility for Pension Remission/Rebate can be determined.
- If I/we withdraw my consent or do not alternatively provide proof of my circumstances/details, I/we may not be eligible for the Pension Remission/Rebate provided by Isaac Regional Council.

AUTHORISATIONS

| | | |
|----------------------|------------|------|
| APPLICANT (1) | Signature | Date |
| | Print Name | |
| APPLICANT (2) | Signature | Date |
| | Print Name | |

APPLICATION FOR RATES PENSIONER CONCESSION

Once completed please send form and any attachment to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to your local Isaac Regional Council office

DEPARTMENT USE ONLY

Please Note: Each certified application must enclose a copy of both sides of the relevant pension card.

I hereby certify that I have sighted the original Pensioner Concession Card/s and attached copies.

| | | |
|---------------------|------------|------|
| PROCESSED BY | Signature | |
| | Print Name | Date |
| | Position | |