

## RATES REMISSION APPLICATION 2021/2022

Applications must be received by 31st March 2022

Full Name ..... Date of Birth .....

Property Address .....

Contact Phone Number .....Email Address .....

**Please tick Yes or No to the following questions:**

1. Was the above property your principal place of residence on 1st July 2021? Yes No

2. Were you partly or wholly liable for the rates on the above property on 1st July 2021? Yes No

3. Did you possess a Pensioner Concession Card, Health Care Card or a DVA Gold Card endorsed as TPI or War Widow as at 1st July 2021? Yes No

**Please tick the type of card you possess:**

- Pension Concession Card
- Health Care Card
- DVA Gold Card Endorsed as TPI or War Widow

**Card Start Date:**

.....

**Card Number:**

.....

**I (Full Name) ..... authorise:**

- The Glamorgan Spring Bay Council (the Council) and the Department of Treasury and Finance (DoTaF) 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 council and DoTaF 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 the council and DoTaF.

**I understand that:**

- The department will disclose personal information to the Council and DoTaF including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for rates remission.
- This consent, once signed, remains valid while I am a customer of the Council unless I withdraw it by contacting the Council or DoTaF.
- I can obtain proof of my circumstances/details from the department and provide it to the Council and DoTaF 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 the Council and DoTaF.

**\*\*A COPY OF BOTH SIDES OF YOUR CURRENT PENSION/HEALTH CARE/DVA CARD MUST BE ATTACHED WITH THIS APPLICATION OR IT WILL NOT BE PROCESSED\*\***

Signed ..... Dated .....