

PENSIONER & HEALTH CARE CARD HOLDER APPLICATION FOR RATES REMISSION

This form is required to be completed and received by Council by 31st March 2021 to be eligible for remission for 2020/2021 Rates.

Forms not received prior to the First Instalment due date will incur the relevant interest/penalty calculated on the total amount outstanding.

RELEVANT DATE: 1st July 2020

*****PENSIONER CONCESSION CARD OR HEALTH CARE CARD MUST BE SIGHTED*****

CONCESSION NUMBER: _____

PROPERTY NO: _____

OWNER: _____

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 in receipt of a Pensioner or Health Care Card or DVA Card (endorsed TPI or War Widow/Widower) as at 1st July, 2020? _____
2. Were you partly or wholly liable for the rates on the above property? _____
3. Was this property your principal place of residence at the 1st July, 2020? _____
4. Is this the only property you have sought a remission on for this financial year? _____

Declaration

I _____ authorise:

- the Southern Midlands Council (the council) and the Department of Treasury and Finance (Treasury) 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 Treasury to determine if I qualify for a concession, rebate or service.
- Services Australia (the agency) to provide the results of that enquiry to the council and Treasury.

I understand that:

- the agency will disclose personal information to the council and Treasury including my name/address/payment type/payment status and concession card type and status to confirm my eligibility for a 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 the agency. I can get proof of my circumstances/details from the agency and provide it to the council and Treasury so my eligibility for a 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 Treasury.

Signed _____ Dated _____

Before me, _____
(Witness signature)

LEVIED: _____

30% REBATE: _____

20% FIRE LEVY REBATE: _____

Balance now due to Council by Applicant \$ _____

Maximum remission:

\$322 for those pensioners that are a customer of a water corporation; or

\$474 for those pensioners who are not a customer of a water corporation