application



Rates Pensioner Concession Application

This form is to be used to apply for a Pensioner Concession for rates. Please complete and sign the application details below. Customer will also need to read, accept and sign the Customer Consent Section of this application.

| Details of Applicant/s | | | | | | |
|---|--|----------|----------------------------------|-------|--|--|
| Assessment Number: | | | | | | |
| Name of Applicant 1: | | | | | | |
| Name of Applicant 2: | | | | | | |
| Address of Applicant/s: | | | | | | |
| Contact Phone Number: | | | | | | |
| Email Address: | | | | | | |
| Type of Pensioner (Applicant 1): | | | Type of Pensioner (Applicant 2): | | | |
| Card Number: | | | Card Number: | | | |
| Is this property your principal place of residence? If no, please state why. | | YES/NO | | | | |
| Is the applicant/s the sole owner/s of the property as p title deed? If no, please provide details of the co-owner the property and their relationship to you. | | YES / NO | | | | |
| Applicant 1 Signature: | | | | Date: | | |
| Applicant 2 Signature: | | | | Date: | | |
| Customer Consent Section | | | | | | |
| The customer consent provided on this form is for the sole purpose of authorising Mount Isa City Council to confirm with Centrelink; the details I / we have provided match Centrelink, and/or other Commonwealth Portfolio Department, or agency records in relation to the current status of my/our Commonwealth benefit. | | | | | | |
| I/weauthorise: | | | | | | |
| the Mount Isa City 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 / we qualify for a concession, rebate or service. | | | | | | |
| the Australian Government – Department of Human Services (the department) to provide the results of that enquiry to Mount Isa City Council. | | | | | | |
| I/we understand that: | | | | | | |
| the department will use the information I / we have provided to the Mount Isa City Council to confirm my eligibility for a Pensioner Concession and will disclose to the Mount Isa City Council personal information including my / our name, address, payment and concession card type and status. | | | | | | |
| this consent, once signed, remains valid while I / we are a customer of the Mount Isa City Council unless I / we withdraw it by contacting the Mount Isa City Council, or the department. | | | | | | |
| I / we can obtain proof of my / our circumstances / details from the department and provide to the Mount Isa City Council so that my / our eligibility for a Pensioner Concession can be determined. | | | | | | |
| If I / we withdraw my / our consent or, alternatively, do not provide proof of my / our circumstances / details, I / we may not be eligible for the concession provided by Mount Isa City Council. | | | | | | |
| Applicant 1 Signature: | | | | Date: | | |
| Applicant 2 Signature: | | | | Date: | | |
| | | | | | | |
| OFFICE USE ONLY Date Received Officer | | | | | | |
| | | | | | | |
| PRIVACY STATEMENT Mount Isa City Council is collecting your personal information on this form in order to comply with its responsibilities and obligations as a Local Government. This information will only be accessed by authorised Council employees who have a legitimate need for the information to process applications, requests, etc. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law. | | | | | | |
| Version 2.0 Dated 01 July 2020 – <u>6.Application for Rates Pensioner Concession Version 2.0 Dated 01 July 2020.docx</u> | | | | | | |

REVENUE DEPARTMENT

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