## APPLICATION FORM FOR STATE GOVERNMENT SUBSIDY AND COUNCIL REMISSION 2024 - 2025

**NAME OF APPLICANT/S**         **ADDRESS**

_____      _____

_____      _____

_____      _____


**PROPERTY DESCRIPTION:-** _____

**STATE GOVERNMENT ELIGIBILITY: -** If you are the holder of a current

1. **QLD "Pensioner Concession Card" Issued by Centrelink, Department of Family and Community Services or the Department of Veteran's Affairs**

OR

2. **QLD "Repatriation Health Card – For All Conditions" (Gold Card) issued by the Department of Veterans Affairs.**

**TYPE OF PENSION: -**      **PENSION No.**      _____

                            **DATE OF GRANT**      _____

                            **TYPE**      _____

**And**

are the owner(s) or life tenant(s) (either Solely or Jointly) of the property which is your principle place of residence; Percentage of Ownership? _____**%**

**And**

have, either solely or jointly with a co-owner the legal responsibility for the payment of rates and charges which are levied in respect of the above property by the Local Authority in whose area the property is situated. You qualify for State Government Pensioner Rate Subsidy.

**Do you satisfy _all_ the above conditions?**      **Yes** ☐      **No** ☐

(If **"No"** you are ineligible for State Government Subsidy and Etheridge Shire Remission).

**COUNCIL ELIGIBILITY:-** If you satisfy the conditions listed for State Government Eligibility

**You qualify for Council Pensioner Remission.**

**Do you satisfy _all_ of the above conditions?**      **Yes** ☐      **No** ☐

If **"No"** you are ineligible for Etheridge Shire Council Rate Remission.

If "**Yes**" you are eligible for State Government and Etheridge Shire Subsidy/Remission.

**Certificate**

I sincerely declare that the information shown is true and correct.

Signature of Applicant/s_____Date _____/_____/_____

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**Office Use Only**

Property A/N  _____/_____

State Government Eligibility                      Yes/No

Council Eligibility                             Yes/No

SIGNED AUTHORISING OFFICER _____ DATE ____/____/_____

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ABN 57 665 238 857

*Address all correspondence to:*
The Chief Executive Officer
PO Box 12
GEORGETOWN QLD 4871

FRM-016 v1

Phone: (07) 4079 9090
Fax: (07) 4062 1285
Email: info@etheridge.qld.gov.au
41 St George Street, GEORGETOWN QLD 4871

**CUSTOMER CONSENT AUTHORITY**

**CONFIRMATION OF PENSIONER DETAILS**

For the sole purpose of authorising Etheridge Shire Council to confirm with Centrelink whether or not the detail I have provided to Etheridge Shire Council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I *[……………………………………………………]* authorise
- The Etheridge Shire Council to confirm with 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 (the department) to provide the results of that enquiry to Etheridge Shire Council.

I understand that:
- The department will disclose personal information to Etheridge Shire Council including my name, address, payment, concession card type and status to confirm my eligibility for State Government Subsidy and Council Remission.
- This consent, once signed, remains valid while I am a customer of Etheridge Shire Council unless I withdraw it by contacting the Etheridge Shire Council or the department.
- I can obtain proof of my circumstances/details from the department and provide it to Etheridge Shire Council so that my eligibility for State Government Subsidy and Council 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 State Government Subsidy and Council Remission provided by Etheridge Shire Council.

I acknowledge I have read and understood this Customer Consent record.

Customer's Name _____     Date of Birth_____/_____/_____
    □ Verbal Permission        □ Written Permission

    Date ____/_____/_____   Time: _____   Location: _____

Customer's Signature: _____   Centrelink Customer Reference No: _____

## MANAGER'S AUTHORISATION TO ACCESS A KNOWN PERSON'S RECORD
(Customer consent must be obtained before accessing the customer's record)

Date of Access ____/_____/_____   Time: _____ Location: _____
Staff member's name     _____
Relationship to the customer _____
Business reason for accessing the customer's record _____

Staff Member's Signature _____Date_____/_____/_____
Manager's Name _____
Manager's Signature _____Date_____/_____/_____

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