



LOCKYER VALLEY REGIONAL COUNCIL

PENSIONER APPLICATION – RATES REMISSION

REGIONAL COUNCIL

DATE EFFECTIVE	DETAILS ADDED	DATE	ASSESSMENT NUMBER

PROPERTY ADDRESS

OWNER 1 - FULL NAME

CARD NUMBER DATE OF ISSUE

OWNER 2 - FULL NAME

CARD NUMBER DATE OF ISSUE

(PLEASE ATTACH DETAILS OF ADDITIONAL APPLICANTS)

AGE PENSION – COUNCIL REMISSION CARD SIGHTED
 PENSIONER CONCESSION CARD & VERIFIED
 REPATRIATION HEALTH CARD – FOR ALL CONDITIONS (GOLD CARD)

• **Is this property your principal place of residence?** YES NO

• **If you were not living at this property on 1 July this financial year, when did you move in?**/...../.....

• **Are you wholly liable for the rates on the above property?** YES NO

If **NO**, please supply details of other property owners and state their interest in the property:
 (e.g. A B SMITH – BROTHER – 1/3 SHARE)

.....

This consent will be used for the sole purpose of authorising Centrelink to provide information to Lockyer Valley Regional Council to assess your eligibility in relation to concessions or services provided by Lockyer Valley Regional Council.

Declaration - I authorise Centrelink to confirm with Lockyer Valley Regional Council the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to the Participant with Centrelink or Department of Veterans' Affairs (DVA) records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

I understand that this consent, once signed, is effective only for the period I am a ratepayer of the Lockyer Valley Regional Council. I also understand that this consent, which is ongoing, can be revoked any time by giving notice to Lockyer Valley Regional Council. I understand that if I withdraw my consent, I may not be eligible for the concession provided by Lockyer Valley Regional Council.

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Signature of Applicant/s **Date**