

Application Reticulated Natural Gas Rebate

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009* and *Gas Supply Act 2003*. The personal information collected on this form will be used to ascertain whether the client is eligible for State Government Subsidy. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Department of Communities, Department of Veteran Affairs and/or Centrelink for the purpose of determining subsidy eligibility. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



Property Details

Property Address:		Gas Account	
Suburb:		Postcode:	



Customer Details 1 *(*phone contact details are required for processing purposes)*

Surname:		First Name:	
Postal Address:			
Suburb:		Postcode:	
*Phone (h):		*Phone (w):	
*Phone (m):		Fax:	
Email Address:			

Would you like to receive a response? *(Please mark response)*

 Yes

 No

If yes, how would you like to be responded to? *(Please mark response)*

 Phone

 Email


Card Details

Pensioner Concession Card. Card issued by:	
<input type="checkbox"/> Veterans' Affairs	Veterans' Affairs Number _____
<input type="checkbox"/> Centrelink	Centrelink Number CRN _____ - _____ - _____
Repatriation Health Card – For all conditions (Gold Card) and receiving either of the following benefits:	
<input type="checkbox"/> T.P.I. (Special Rate)	File Number _____
<input type="checkbox"/> War Widow	File Number _____
Queensland Government Seniors Card	Card Number _____



Gas Declaration

Who I live with: **(Please read the following statement carefully and tick ✓ the box to confirm that it applies to you)**

<input type="checkbox"/>	<p>I live alone or with other persons as described below:</p> <ul style="list-style-type: none"> • With my spouse/defacto and /or other persons who are wholly dependent on me • With other people who hold a Pensioner Concessioner or Queensland Government Seniors Card • With other people who receive a Centerlink, Family Assistance Office or Dept of Veterans' Affairs payment, and who DO NOT pay rent • With other people who provide care and assistance, and who DO NOT pay rent • AND, I DO NOT share my residence with any other persons except casual visitors <p>I advise that the above address is my principal place of residence and is the only residence within Queensland for which the rebate is claimed by me and the above reticulated natural gas account is solely or jointly in my name.</p>
--------------------------	--

**Customer Details 2 (*phone contact details are required for processing purposes)**

Surname:		First Name:	
Postal Address:			
Suburb:		Postcode:	
*Phone (h):		*Phone (w):	
*Phone (m):		Fax:	
Email Address:			

**Card Details**

Pensioner Concession Card. Card issued by:

Veterans' Affairs Veterans' Affairs Number _____

Centrelink Centrelink Number CRN _____ - _____ - _____

Repatriation Health Card – For all conditions (Gold Card) and receiving either of the following benefits:

T.P.I. (Special Rate) File Number _____

War Widow File Number _____

Queensland Government Seniors Card Card Number _____

**Gas Declaration**

Who I live with: (Please read the following statement carefully and tick ✓ the box to confirm that it applies to you)

<input type="checkbox"/>	<p>I live alone or with other persons as described below:</p> <ul style="list-style-type: none"> • With my spouse/defacto and /or other persons who are wholly dependent on me • With other people who hold a Pensioner Concessioner or Queensland Government Seniors Card • With other people who receive a Centerlink, Family Assistance Office or Dept of Veterans' Affairs payment, and who <u>DO NOT</u> pay rent • With other people who provide care and assistance, and who <u>DO NOT</u> pay rent • AND, I <u>DO NOT</u> share my residence with any other persons except casual visitors <p>I advise that the above address is my principal place of residence and is the only residence within Queensland for which the rebate is claimed by me and the above reticulated natural gas account is solely or jointly in my name.</p>
--------------------------	--

**Customer/s Signature**

This consent will be used for the purpose of authorising the Australian Government Department of Human Services to provide information to Western Downs Regional Council to assess your eligibility in relation to concessions or services provided by Western Downs Regional Council.

I/We, the above applicant/s, authorise:

- the Western Downs Regional Council to use Centerlink 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 to determine if I qualify for a concession or rebate.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Western Downs Regional Council.

I understand that:

- the department will disclose personal information to the Western Downs Regional Council including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for relevant concession, rebate service.
- this consent, once signed, remains valid while I am a customer of Western Downs Regional Council unless I withdraw it by contacting the Western Downs Regional Council or the department.
- I can get proof of my circumstances/details from the department and provide it to Western Downs Regional Council so that my eligibility for relevant concession/rebate 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 concession/rebate provided by Western Downs Regional Council.

I/We, the above applicant/s, for the purpose of obtaining a Pensioner Remission/Subsidy, declare that the above information is true and correct and give permission for Council to verify data in order to process this application.

Customer 1 Signature:	Name:	Date:	/	/
Customer 2 Signature:	Name:	Date:	/	/

**Office Use Only**

Assessment Number:	
Card Sighted:	Date: / /
Copy of Card Supplied and attached to Form: <input type="checkbox"/> Initials:	Date: / /
Recommendation:	Approved:

