

ACT REVENUE OFFICEPENSIONER RATES REBATE APPLICATION

For circumstances in which	rates may be reba	ated, and the	effect of a re	bate of rates,	see the <i>Rates</i>	Act 2004 Division 7.3 (Rebate of rates	
Street Address							
Suburb			Section	Block	Unit	Rates Account No:	
Please attach a photocopy of front and back of all applicable pension cards Please note: The address on your card must match your residential address.							
Have the applicants receiv	ved a pensioner	rebate of ra	tes for any o	ther property	/: YES / NO.	If yes, please provide details.	
Applicant 1							
			Pension	No.		Date of grant	
(Given Names)	(Family Na	7					
Pension Type C	entrelink	Veterans'	Affairs	I have	%] ow	nership in the property.	
Applicant 2							
			Pension	No.		Date of grant	
(Given Names)	(Family Na	ame)					
Pension Type C	entrelink	Veterans'	Affairs	I have	% ow	nership in the property.	
I/we authorise the ACT Revenue Office 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 ACT Revenue Office to determine if I qualify for a rates rebate. The Australian Government Department of Human Services (the department) to provide the results of that enquiry to the ACT Revenue Office. I/we understand that: the department will use information I have provided to the ACT Revenue Office to confirm my eligibility for a							
rebate and will disclose to the type and status. This consecontacting the ACT Revenue provide it to the ACT Revenue.	he ACT Revenue C nt, once signed, ro e Office or the dep ue Office so that r	Office persona emains valid v partment. I ca ny eligibility f	al infromatior while I am a c an obtain pro or a rebate ca	including my ustomer of the of of my circur in be determin	name, addres E ACT Revenu nstances/deta ned. If I withd	s, payment and concession card e Office unless I withdraw it by iils from the department and	
I/we declare that the prope been or will be granted to m					of residence a	and that no concurrent rebate has	
I/we undertake to advise the no longer eligible pensioner		fice when the	e property is I	no longer my/o	our principal p	place of residence, or if I am/we are	
Signature Applicant 1 Date:		Date:			Phone:	Phone:	
Signature Applicant 2	Signature Applicant 2		Date:			Mobile:	

Note: Please send your application to PO Box 252 Civic Square ACT 2608.