

PENSIONER & HEALTH CARE CARD HOLDER **APPLICATION FOR RATES REMISSION**

This form is required to be completed and received by Council by 31st March 2025 to be eligible for remission for 2024/2025 Rates.

Forms not received prior to the First Instalment due date will incur the relevant interest/penalty calculated on the total amount outstanding.

	**Pensioner Concession	on or Health Care Ca	rd Must	t Be Sighted **	
	vant Date: 1 st July 2024				
Conc	cession Card Name				
Conc	cession Number				
Prop	erty Number				
	·				
Own	er				
Addr	ess				
	e (In Full)				
Addr	ress at Relevant Date (see above)				
Answ	ver Yes or No to the following question Were you in receipt of a Pensioner or He			•	Yes/No
'	Widow/Widower as at 1st July 2024?	falli Cale Calu of 1		alu (eliuuiseu iri oi vvai	
2	Were you partly or wholly liable for the rate	es on the above prop	perty?		
3	Was this property your principal place of residence as at 1 st July 2024				
4	s this the only property you have sought a remission on for this financial year?				
5	Do you have a TasWater Connection				
• th Co de • So I u	re Southern Midlands Council (the council) an onfirmation eServices to perform a Centrelink/E etails and concession card status to enable the coervices Australia (the agency) to provide the result understand that: the agency will disclose personal information to status and concession card type and status to this consent, once signed, remains valid while or the agency. I can get proof of my circumst my eligibility for a rates remission can be deter If I withdraw my consent or do not alternatively remission provided by the council and Treasure	OVA enquiry of my Ce council and Treasury to coults of that enquiry to the othe council and Treas confirm my eligibility for a I am a customer of the tances/details from the princed; of provide proof of my ci	entrelink determir he coun sury inclus for a rate he counce e agency	or Department of Veterans' Anne if I qualify for a concession, recil and Treasury. Juding my name/address/payments remission; Juding my name/address/payments remission;	Affairs Custom ebate or service ent type/payme acting the countries and Treasury s
Signe	d	Da	ated		
Before r (Witness	me,s signature)				
Rate	s Levied	\$	\Box	Maximum remission:	
30%	Rebate	\$		\$379 for those pensioners th	
20%	Fire Levy	\$		customer of a water corpora	tion; or

Balance now due to Council by Applicant

\$559 for those pensioners who are not a

customer of a water corporation