

Department of Families, Seniors, Disability Services and Child Safety

APPLICATION CLAIM FOR ELECTRICITY REBATE

This form must be completed by the proprietor/landlord and applicant. Following completion, this form must accompany the Form 502 submitted by the proprietor/landlord to the electricity retailer.

Privacy notice:

The electricity retailer is collecting this information to assess your eligibility and manage payments for the electricity rebate if it is granted. The electricity retailer usually gives some or all this information to:

- Services Australia (Centrelink)
- Department of Veterans' Affairs (DVA)
- Department of Home Affairs (DHA)
- Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS)
- Department of Customer Service, Open Data and Small and Family Business, Digital Customer Smart Service Queensland (Card and Concession Services).

Section 1 – Proprietor/landlor To be completed by the proprietor or la			
City Views Townsville CTS	S 55119		
Proprietor's Given Name		Proprietor's Surname	
31 Blackwood ST, TOWNS	SVILLE CITY QLD 4	4810	1300 803 803
Business name and full premises address for	or which the rebate is claimed		Contact telephone number
Electricity Retailer:			
Section 2 – Applicant details To be completed by the applicant	(Customers to comp	plete from this section	only)
Given Name		Surname	
Full Residential Address			Telephone Number

Section 3 – Eligibility criteria

To be completed by the applicant

I hold <u>one</u> of the following current and valid cards: (Please tick ✓ appropriate box/boxes)		PLEASE PROVIDE CARD/FILE NUMBER		
	PENSIONER CONCESSION CARD Card Issued by: (Please tick ✓ appropriate box) □ Department of Veterans' Affairs: or □ Services Australia (Centrelink)	Veterans' Affairs File Number Centrelink CRN		
	HEALTH CARE CARD issued by Centrelink (excluding Commonwealth Seniors Health Card)	Centrelink CRN		
	DVA VETERAN GOLD CARD* issued by Department of Veterans' Affairs embossed with ☐ TOTALLY & PERMANENTLY INCAPACITATED (TPI) ☐ WAR WIDOW/WIDOWER *Including Special Rate Disability Pension (SRDP) and wholly Dependent Partner Payment (WDP)	Veterans' Affairs File Number		
	QUEENSLAND SENIORS CARD issued by Department of Families, Seniors, Disability Services and Child Safety	Card Number		



Signature of Applicant: _

Please note: a signature is required to process your rebate.

4012 or to rebates@altogethergroup.com.au

Department of Families, Seniors, Disability Services and Child Safety

APPLICATION CLAIM FOR ELECTRICITY REBATE

CLAIM FOR ELECTRICIT REDATE				
ASYLUM SEEKERS – ImmiCard issued by Department of Home Affairs	Card Number			
Who I live with: (Please read the following statement carefully and tick ✓ the box to confirm that this applies to your living arrangements)				
I live alone or only with persons as described below: - With my spouse/defacto and/or other persons who are wholly dependent on me - With other people who hold a concession card or Queensland Seniors Card - With other people who receive a Centrelink, Family Assistance or Dept of Veterans' Affairs payment, and who DO NOT pay rer - 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.				
Section 4 – Consent and declaration To be completed by the applicant				
Services Australia CCeS customer consent				
I authorise: • the <electricity retailer=""> to use Centrelink Confirmation eService</electricity>	s to perform a Centrelink/DVA enquiry of my Centrelink or Department of			
Veterans' Affairs customer details and concession card status to service.	enable the business to determine if I qualify for a concession, rebate or			
 Services Australia (the agency) to provide the results of that enqu I understand that: 	iry to <electricity retailer="">.</electricity>			
• the agency will disclose personal information to <electricity retail<="" th=""><th>ler> including my <name address="" and="" characteristic="" confirm="" eligibility="" for="" in="" included="" my="" payment="" profile)="" status="" th="" the<="" to="" type="" your=""></name></th></electricity>	ler> including my <name address="" and="" characteristic="" confirm="" eligibility="" for="" in="" included="" my="" payment="" profile)="" status="" th="" the<="" to="" type="" your=""></name>			
this consent, once signed, remains valid while I am a customer of	f <electricity retailer=""> unless I withdraw it by contacting the <electricity <electricity="" agency="" ails="" and="" from="" it="" provide="" retailer="" the="" to=""> so my eligibilit</electricity></electricity>			
•	ny circumstances/details, I may not be eligible for the electricity rebate			
Declaration				
I advise that the above address is my principal place of residence and by me and the above electricity account is solely or jointly in my name	d is the only residence within Queensland for which the rebate is claimed e.			
 I will notify <electricity retailer=""> immediately of any change in my I authorise:</electricity> 	r circumstances which may affect my eligibility for the electricity rebate.			
• <electricity retailer=""> to disclose my personal information to the I</electricity>				
	DSCS and provide it to (the Electricity Retailer) so that my eligibility for			
• if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the electricity rebate provided by the Queensland Government.				
I declare that all the information that I have given is true and correct.				

Please return the completed form with your eligible card copy to PO Box 404 NUNDAH QLD

Date: ____/___