



Department of Communities, Child Safety and Disability Services
APPLICATION FORM

Queensland Government Electricity Rebate

This Application Form applies only where the applicant is an Electricity Retailer Consumer.

This form must be completed by the applicant and **lodged with your Electricity Retailer** as least fourteen (14) days prior to billing of the first electricity account to which the rebate will apply. Please refer to the attached Information Brochure before completing this application. Further assistance is available from Electricity Retailer staff.

Given Name _____	(Please Print)	Surname _____
Full Residential Address _____	(Please Print)	Telephone Number _____

My electricity account number is: _____	
I hold one of the following current and valid cards: (Please tick ✓ appropriate box/boxes)	PLEASE PROVIDE CARD/FILE NUMBER
<input type="checkbox"/> PENSIONER CONCESSION CARD Card Issued by: (Please tick ✓ appropriate box) <input type="checkbox"/> Department of Veterans' Affairs: or <input type="checkbox"/> Department of Human Services (Centrelink)	Veterans' Affairs File Number □ □ □ □ □ □ □ □ □ □ Centrelink CRN □ □ □ - □ □ □ - □ □ □ □
<input type="checkbox"/> HEALTH CARE CARD issued by Centrelink (excluding Commonwealth Seniors Health Card)	Centrelink CRN □ □ □ - □ □ □ - □ □ □ □
<input type="checkbox"/> DVA HEALTH CARD FOR ALL CONDITIONS (GOLD CARD) <input type="checkbox"/> TOTALLY & PERMANENTLY INCAPACITATED (TPI) → <input type="checkbox"/> WAR WIDOW/WIDOWER →	Veterans' Affairs File Number □ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> QUEENSLAND SENIORS CARD issued by Department of Communities, Child Safety and Disability Services	Card Number □ □ □ □ □ □ □ □
<input type="checkbox"/> ASYLUM SEEKERS – ImmiCard issued by Department of Immigration and Border Protection	Card Number E I S - □ □ □ □ □ □ □

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

<input type="checkbox"/> I live alone or 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 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.	
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Declaration

- 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 electricity account is solely or jointly in my name.
- I will notify the (Electricity Retailer) immediately of any change in my circumstances which may affect my eligibility for the rebate.
- I authorise the (Electricity Retailer) to disclose my personal information to Department of Human Services (Centrelink), Department of Veteran Affairs (DVA) or Department of Immigration and Border Protection (DIBP) in order to obtain confirmation of my eligibility for a concession.
- I authorise Centrelink, DVA or DIBP to provide the results of that enquiry to the (Electricity Retailer) and the Queensland Government.
- I understand that:
 - Centrelink, DVA or DIBP will use information I have provided to (the Electricity Retailer) to confirm my eligibility for a concession and will disclose to (the Electricity Retailer) personal information including my name, address, payment and concession card type and status.
 - this consent, once signed, remains valid while I am a customer of (the Electricity Retailer) unless I withdraw it by contacting (the Electricity Retailer).
 - I can obtain proof of my circumstances/details from Centrelink, DVA or DIBP and provide it to the (Electricity Retailer) so that my eligibility for the concession 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 electricity rebate provided by the Queensland Government.
- I declare that all the information that I have given is true and correct.

Signature of Applicant: _____ **Date:** ___/___/___