



Please forward the completed form to the ACT Revenue Office or contact us at:

Email: [Concessions@act.gov.au](mailto:Concessions@act.gov.au) or Post: GPO Box 293, Canberra, ACT, 2601 or Phone: 02 6207 0028

**Part 1: Applicant Name and Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residential Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Date you commenced residing at the above address: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Postal Address (if different from above): \_\_\_\_\_ Post code: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method for correspondence: Email  Post

**Part 2: Concession Details**

Are you eligible for any of these cards from Services Australia, Department of Veterans' Affairs (DVA), or the ACT Government?

Select which one applies:

- Pensioner Concession Card
- Health Care Card
- Low Income Health Care Card
- DVA Pensioner Concession Card
- Veteran Gold Card Prisoner of War
- Veteran Gold Card War Widow
- Veteran Gold Card Totally Permanently Incapacitated (TPI)
- ACT Services Access Card

*Note: eligible for the Utilities Concession and the Energy Bill Relief*

Are you eligible for any of these cards or payments from Services Australia or the Department of Veterans' Affairs (DVA)?

Select which one applies:

- Carer Allowance
- Family Tax Benefit
- Commonwealth Seniors Health Card
- All other Veteran Gold Cards

*Note: eligible for the Energy Bill Relief only*

Concession Card or Reference Number 

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Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you attached your most recent electricity bill or invoice from the Caravan Park, Retirement Village or Apartment Complex? Yes  No

Are you applying for the Life Support Rebate? Yes  No

*If yes, please attach a letter from your medical practitioner outlining your need for life support equipment, unless previously provided.*

**Part 3: Applicant Bank Details**

Account Name \_\_\_\_\_

BSB Number 

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Account Number 

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*Please note: If bank details are not provided, payment will be issued by cheque*

**Part 4: Declaration**

I declare by signing this form that:

This is my principal place of residence, and no concurrent concession or relief has, or will be granted to me for any other property.

I authorise the ACT Revenue Office to verify my details and concession status through the Centrelink Confirmation eServices to confirm my eligibility for the concession or relief.

I understand that Services Australia will disclose to the ACT Revenue Office personal information including my name, payment and concession type and status. This consent remains valid while I am a customer of the ACT Revenue Office unless I withdraw it by contacting the ACT Revenue Office. If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession or relief provided by the ACT Revenue Office.

I will advise the ACT Revenue Office if my circumstances change, and I am no longer eligible to receive the concession or relief.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Giving false or misleading information is a serious offence (Section 338 Criminal Code 2002).**

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