



APPLICATION FOR EMERGENCY SERVICES LEVY REMISSION

Form No.
APC F008
11/17

WHEN COMPLETING THIS FORM

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

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- Place **X** in all applicable boxes.
- Answer all the questions, otherwise we may need to contact you for further information.
- Make sure you sign the declarations at the end of this form.

Use this form to apply an annual remission on the Emergency Services Levy (ESL) for your principal place of residence.

To be eligible for the remission, you must be a registered owner of the property, or be the holder of a life estate, on 1 July of the year the Emergency Services Levy Notice is issued and live in the property as your principal place of residence at the time the Emergency Services Levy Notice is due for payment.

SECTION A About you (the Applicant)

(Enter your details exactly as they appear on your Centrelink or Veterans' Affairs card)

Title Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Surname

Given names

Date of birth / /

Residential address

Address line 1

Address line 2

Suburb

Postcode

Postal address (if different from above)

Address line 1

Address line 2

Suburb

Postcode

Telephone Home Mobile

Email address

Preferred contact method Email ☐ Post ☐

Do you identify as an Aboriginal person and/or a Torres Strait Islander person? Yes ☐ No ☐ Prefer not to answer ☐

SECTION B Your living arrangements

Q1 Do you own the property you are living in? Yes ☐ No ☐
If yes, go to Q3 If no, go to Q2

Q2 Do you hold a life estate under the terms of a will for the property you are living in? Yes ☐ No ☐
If yes attach, or scan and email, a copy of the will or relevant documents

Q3 List all other owners or life estate holders (including your spouse/partner).

Owner 1

Surname

Given names

Relationship to you

Date of birth / / Do they live with you in the same property? Yes ☐ No ☐

Owner 2

Surname

Given names

Relationship to you

Date of birth / / Do they live with you in the same property? Yes ☐ No ☐

Owner 3

Surname

Given names

Relationship to you

Date of birth / / Do they live with you in the same property? Yes ☐ No ☐

Owner 4

Surname

Given names

Relationship to you

Date of birth / / Do they live with you in the same property? Yes ☐ No ☐

SECTION C Your income details

Q4 Do you receive a payment from Centrelink or the Department of Veterans' Affairs (DVA)? Yes ☐ No ☐
If no, go to Q6

Q5 Please enter your Centrelink Reference Number (CRN) or DVA pension number (file number on DVA Gold Card).
CRN DVA

Q6 Do you hold a Commonwealth Seniors Health Card? Yes ☐ No ☐
If yes attach, or scan and email, a copy of both sides of your card

Q7 Do you hold a Commonwealth Low Income Health Care Card? Yes ☐ No ☐
If yes attach, or scan and email, a copy of both sides of your card

SECTION D

Authority and declaration

(Ensure you read and fully complete both sections below)

I
(applicant's name)

authorise:

- The Department for Communities and Social Inclusion (DCSI) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- The Australian Government Department of Human Services (the department) to provide the results of that enquiry to DCSI.

I understand that:

- The department will disclose personal information to DCSI including my name/address/concession card status/payment type/payment status to confirm my eligibility for relevant concessions, rebates or services.
- This consent, once signed, remains valid while I am a customer of DCSI unless I withdraw it by contacting DCSI or the department.
- I can get proof of my circumstances/details from the department and provide it to DCSI so that my eligibility for relevant concessions, rebates or services 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 concessions, rebates or services provided by DCSI.

Your signature

Date

 / /

I declare the following:

- The details I have provided on this form are true and correct, and I agree to indemnify the Department for Communities and Social Inclusion (DCSI) against any loss or damage if the details provided are incorrect.
- I will notify DCSI immediately if the information I have provided in this application for concessions changes OR to revoke this authority.
- I understand that it is an offence pursuant to Section 250 of the *Family and Community Services Act 1972* to obtain or attempt to obtain a concession by means of false pretence and that such an offence carries a fine or term of imprisonment.

Your signature

Date

 / /

Have you:

- ☐ completed all sections of this application form?
- ☐ signed the two authority and declaration statements?
- ☐ attached a copy of your current Emergency Services Levy Notice to your application?
Reminder notices cannot be accepted
- ☐ attached a copy of a will or relevant documents if you hold a life estate?
- ☐ attached a copy of both sides of your Commonwealth Seniors Health Card if you hold one?
- ☐ attached a copy of both sides of your Low Income Health Care Card if you hold one?

Submit your application

BY POST (no postage stamp required) to:
ConcessionsSA
Reply Paid 292
ADELAIDE SA 5001

BY EMAIL
concessions@sa.gov.au

For more information

Contact the ConcessionsSA Hotline on 1800 307 758

Email: concessions@sa.gov.au

Visit the website: www.sa.gov.au/concessions

A text telephone service is available for the hearing impaired by contacting TTY (08) 8226 6789

Can we communicate with you on other issues, such as other government programs and services?

Yes

☐

No

☐

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