



TAX INVOICE

QUEENSLAND GOVERNMENT PENSIONER WATER SUBSIDY SCHEME (South East Queensland Water Grid area only)

To: Concession Services
Department of Families, Seniors,
Disability Services and Child Safety
Locked Bag 3405
Brisbane, QLD 4001
concessions@smartservice.qld.gov.au

From: _____
 Address: _____
 Postcode: _____
 A B N

ABN: 75 563 721 098

Billing period represented by this claim	From: _____	To: _____
	Number of Properties	Value of Claim
Total number of properties in receipt of subsidy		
Retrospective payments < 12 months		
Retrospective payments > 12 months		
Sub Total		
LESS: Refunds/adjustments due to sale of property or other reasons		
TOTAL VALUE OF CLAIM		

I hereby certify that:

- the eligibility and subsidy entitlements of applicants have been determined in accordance with the **Operational Procedures for the South East Queensland Pensioner Water Subsidy Scheme**; and
- the current eligibility of each applicant to receive a benefit from either Services Australia (Centrelink) or the Department of Veterans' Affairs has been verified, within the last twelve (12) months, with or by the relevant Commonwealth Department, or by another agreed process (in the event the applicant has not provided their consent to verify personal details with the relevant Commonwealth department); and
- for the period under the claim, no applicant found by any verification process (Section 8 Administrative Arrangements) to not be currently eligible for a benefit from either Services Australia (Centrelink) or the Department of Veterans' Affairs has been deliberately included in the claim; and
- this claim is a true and correct assessment of the total value of **only** the State Government subsidy on water credited against accounts issued by this Retail Entity for the period stated. This claim **does not** include any amount for a remission on water and charges granted by local government to eligible ratepayers.

Name of signatory:

Chief Executive Officer or Nominee
(please circle one)

Signature:

Date: