

PENSIONER RATES REBATE APPLICATION

State Government subsidy and pensioner remission on rates and charges payable by approved pensioners

PROP ID CRN A/NO.

SURNAME	CHRISTIAN NAMES	ADDRESS ON CARD

NOTE: If the property is in joint names, and such joint owner is the SPOUSE, then only one name is required above.

SPOUSE'S NAME: _____

Eligibility:

1. Details of the Card/s

CARD TYPE	CARD NUMBER	CARD SIGHTED
PENSIONER CONCESSION CARD		YES <input type="checkbox"/> NO <input type="checkbox"/> _____ Council Officer <input type="checkbox"/> Original Card <input type="checkbox"/> Digital Card <input type="checkbox"/> Copy of Card
VETERAN AFFAIRS REPATRIATION HEALTH GOLD CARD		YES <input type="checkbox"/> NO <input type="checkbox"/> _____ Council Officer <input type="checkbox"/> Original Card <input type="checkbox"/> Digital Card <input type="checkbox"/> Copy of Card

Date of Issue of Card: ___/___/___ **NOTE:** Card/s must be produced at time of lodgement of the application.

POLICY: On approved Applications, both the State Government Subsidy and Council Rebates will be calculated on the **current year's levy only**. Rebates on previous billing periods are only available on valid extenuating circumstances as approved in writing by the State Government to Council.
 The Subsidy and Rebates will be calculated from 1st July of the current year, or prorated from the issue date of the Pensioner Concessions Card, if issued after 1st July.

2. State whether the applicant (together with Spouse if applicable), is the full and only owner of the property: **YES** **NO**
 - (a) If the answer is "NO", explain the position including details of any other non-applicant person or body holding part ownership.

3. Is the responsibility for paying rates shared equally by all owners: **YES** **NO**
 - (a) If the answer is "NO", one of the following is required in order for the applicant to be entitled to more than their proportionate share:
 - (i) Copy of Court Order
 - (ii) Statutory Declaration

4. Residential Status: State whether the property is the principal place of residence of the applicant: **YES** **NO**

If the answer is "NO", tick the appropriate box below:

House Vacant

No rent/income being derived from house

Other - Ex. Health Reasons _____

5. Is the premises used for commercial purposes (including Home Occupation): **YES** **NO**

COMMENTS: _____

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.

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CERTIFICATE I _____ authorise:

The Charters Towers Regional Council to use Centrelink conformation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.

The Australian Government Services Australia (The Agency) to provide the results of that enquiry to Charters Towers Regional Council.

I understand that the Agency will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate.

This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Agency.

I can get proof of my circumstances/details from the Agency and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 provided by Charters Towers Regional Council.

Signature of Applicant/s:		
Date:		

OFFICE USE ONLY – RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK			
NAME ID: _____	COUNCIL ELIGIBLE _____ %	COUNCIL RESPONSIBLE _____ %	STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE _____ % _____ %
NAME ID: _____	COUNCIL ELIGIBLE _____ %	COUNCIL RESPONSIBLE _____ %	STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE _____ % _____ %
FORM COMPLETED & SIGNED CORRECTLY	YES <input type="checkbox"/>		STATUTORY DECLARATION ATTACHED YES <input type="checkbox"/> N/A <input type="checkbox"/>
EFFECTIVE DATE ____/____/____	REVIEW CARD TYPE: YES <input type="checkbox"/>		REVIEW CARD EXPIRY DATE: YES <input type="checkbox"/>

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