



APPLICATION FOR PENSIONER RATE REMISSION COUNCIL & STATE SCHEMES 2018-2019

Contact Council if you have any specific enquiries regarding how to complete this form. Type or print clearly and select boxes where applicable.

APPLICANT'S DETAILS (EG. SPOUSE/ DEFACTO/ BROTHER/ SISTER, ETC.)	Registered Owner/s		
	Name of Applicant 1		
	Pensioner Concession Card (PCC) Number		
	Name of Applicant 2		
	Pensioner Concession Card (PCC) Number		
	Relationship to Applicant 1		
	Postal Address:		
	Locality / Town:	State:	Postcode:
	Phone Number:		
Email:			
Update my Postal Address as above <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROPERTY DETAILS (Can be found on your Rate Notice)	Assessment Number:	
	Street No:	
	Street:	
ADDRESS	Locality / Town:	State: Postcode:
	Lot no:	Registered Plan:

ELIGIBILITY ALLOWANCE	State whether all applicant/s is/are the holder/s of either a Queensland "Pensioner Concession Card" issued by Centrelink on behalf of the Department of Communities, or the Department of Veteran Affairs, or a Queensland "Repatriation Health Card – For All Conditions" issued by the Department of Veterans' affairs. <input type="checkbox"/> YES <input type="checkbox"/> NO
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OWNERSHIP	Please tick (a) or (b) to indicate whether the applicant/s is/are either: <input type="checkbox"/> (a) The full and only owners of the property as at 1 July 2018 or from ____/____/20____ <input type="checkbox"/> (b) The life tenant/s of the property as at 1 July 2018 and have, either solely or jointly with co-owner, the legal responsibility for the payment of rates and charges which would normally be the responsibility of a registered owner.
	RESIDENTIAL STATUS Is the property described above, the principal place of residence of the applicant/s? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , please provide a brief explanation Is the property rented? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the applicant have a major interest in any other residential property? <input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION

PRIVACY NOTICE

I declare that the information that I have supplied is true and correct to the best of my knowledge and belief. I hereby declare that I have not made any other application for a pensioner remission for any other property, either in the Shire of Banana or in any other Local Government area for the rating year that I will advise Council of any future change to my circumstances as stated above.

Applicant 1 I **authorise:**

Applicant 2 I **authorise:**

Banana Shire Council to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink or Department of Veteran Affairs customer details and concession card stats 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 Banana Shire Council.

I understand that:

The Department will disclose information I have provided to Banana Shire Council to confirm my eligibility for pensioner remission rebate and will disclose to Banana shire Council my 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 Banana Shire Council unless I withdraw it by contacting Banana Shire Council or the Department.

I can obtain proof of my circumstances/details from the Department and provide it to Banana Shire Council so that my eligibility for 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 rebate provided by Banana Shire Council.

**APPLICANT
SIGNATURE**

..... signed and declared this.....day of..... 20____

APPLICANT 1

..... signed and declared this.....day of..... 20____

APPLICANT 2

OFFICE USE ONLY

PENSIONER VERIFICATION CHECKLIST

Is applicant holder of a Pensioner Concession Card? Yes No
 New Applicant/s Yes No
 Applicant/s Signed Consent Yes No
 Card type CLINK DVA

Entered in Practical: Yes No

Pro-Rata Date:

Application checked by:

Is it effective from 1 July 2018? Yes No **If not, what date?**

Date: ____/____/____

Authorised Officer: **Date:** ____/____/____