Cassowary Coast Regional Council

A.B.N. 20 889 787 211
PO Box 887, INNISFAIL, Q 4860
Phone: 1300 763 903 Fax: 07 4061 4258
Email: enquiries@cassowarycoast.qld.gov.au



APPLICATION FOR PENSIONER RATE CONCESSIONS

Please use BLOCK LETTERS and complete all details in full. **Privacy Statement:** The Cassowary Coast Regional Council respects your privacy. Personal information on this form is collected in accordance with Local Government Regulation 2012 and is used only by Council staff for the purpose of this form. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council Website at any time.

		<u> </u>					
Section 1 – Applicant & Property Details							
	Applican	nt/s:					
	Postal A	Address: (for service of notices)					
	(Should	you need to update your postal address, please complete & submit a 'Change of Address' form)					
Residential Address: (if different from above)							
	Phone N	Number: Mobile Number:					
	Email:	Property No:					
	Property Address for which rates are levied:						
Section 2 - Further Particulars							
It is a mandatory requirement that all	Is the Ap	Applicant/s the sole owner/s or do they have life tenancy of the property?			☐ No		
sections of this form are completed.	Is the pro	operty your principal place of residency?	Yes	☐ No			
	If no, pro	rovide details:					
	Is the ap	plicant legally responsible for the payment of the rates (sole	Yes	☐ No			
		u attached a photocopy of both the front and back of your Pe ent of Veterans' Affairs Card? (This is a compulsory require	Yes	☐ No			
		SE NOTE: Seniors cards, Health Care cards, Health Benefits card and/or Repatriation Health cards are not eligible to e the Council and State Pension Concession.					
	match yo	the address on your Pensioner Concession Card(s) or Department of Veterans' Affairs Card(s),					
Section 3 - Pension Concession Card Details							
		Applicant 1	Applicant 2				
Surname:							
Given Name: (in full)							
Date of Birth:							
Type of Pension:							
Pension Card Number:							
Card Date of Effect:							
Card Expiry:							

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Customer(s) Consent							
the Cassowary Coast Regional Cou DVA) enquiry of my/our Centrelink of letermine if I/we qualify for a concest the Australian Government, Service /we understand that; the department will use information disclose to the Council personal information this consent, once signed, remains I/we can obtain proof of my circums concession, rebate or service can be	I/we have provided to the Council to confirmation including my/our name, address, payalid while I/we are a customer of the Courtances and/or details from the department determined. I/we have provided to the Countain the Count	mation eServices to perform a Cerer details and concession card state eresults of that enquiry to the Court my/our eligibility for the relevant and concession card type noil unless I/we withdraw it by contained and provide it to the Council so the	atrelink or Department of Veterans' Affairs rus in order to enable the Council to uncil. It concession, rebate or service and will and status. It at taking the Council or the department. at my/our eligibility for the relevant				
Applicant Signature:		Date:					
Applicant Signature:		Date:					
In accordance with the State Government Subsidy, the definition of an approved Pensioner is a pensioner who:							
Affairs, or a Queensla is the owner or life ten residence; and has, either solely or jo levied in respect of the levied in respect of the line order to receive a concession June. To receive concession in 31st December. Where Council receives an app	pible holder of a Queensland 'Pensioner Cond 'Repatriation Health Card - For All Content (either solely or jointly) of the property pintly with a co-owner, the legal responsibile said property by the Local Government in in the first rating period commencing 1st in the second rating period commencing 1st in the second rating period commencing 1st plication after the commencement of a rating ratepayers who are new eligible pensioners.	ditions' (Gold Card) issued by the which is located in Queensland an ity for the payment of rates and che whose area the property is situated. July in any year, Council must rect January in any year, Council must rect January in any year, Council must rect payments.	Department of Veterans' Affairs; and and which is his/her principal place of larges as defined herein, which are ed. Serive applications no later than 30th st receive the application no later than ly until commencement of the next				
EOD OFFICE LISE ONLY							
Is there a dwelling recorded against the property:	☐ Yes ☐ No	Does the address on the card match applicants residency:	Yes No				
Has the Centrelink eServices check been completed?	Yes No	Pension approved:	Yes No				
Effective from:		Percentage approved:					
Processed By:		Date:					
Pension Journal No:		Charge Update Journal No:					

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Date:

Checked By: