

## APPLICATION FOR PENSIONER CONCESSION AND SUBSIDY OF RATES TO APPROVED CARD HOLDERS

QUEENSLAND GOVERNMENT PENSIONER RATE SUBSIDY SCHEME HINCHINBROOK SHIRE COUNCIL RATE CONCESSION SCHEME

To return your completed form or for further information, please contact Council's Corporate Services Department via email, <a href="mailto:council@hinchinbrook.qld.gov.au">council@hinchinbrook.qld.gov.au</a>, phone (07) 4776 4600, in person at Council's Main Office, 25 Lannercost Street, INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

SECTION ONE: Applic	ant Detail	<b>s</b> Please fill	in one forr	n for ea	ch applica	nt				
Surname				Given	Names					
Address of property for which Rates Assistance is sought										
Property Number	10	)								
Contact Phone Numb	Number Mobile				е					
SECTION TWO: Further	er Informa	tion								
Is this property your primary place of residence?					Yes				No	
Are you legally respons	sible for th	ne payment of	the rates?		Yes				No	
Are you the owner of the	nis proper	ty or a Life Te	nant?		Owr	ier			Life Te	enant
SECTION THREE: Pen officer with whom the appl			iate card or o	ther accep	table docum	entary (	evidence of elig	gibility must b	e produ	iced to the
Card Type	Type Pension Concession Card DVA Gold Card – for all conditions									
PCC/ Gold Card Numb	er									
Date of Effect										
SECTION FOUR: Cons	ent									
declare that the information which I have supplied is true and correct to the best of my knowledge and belief, and hereby authorise the Hinchinbrook Shire Council to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to the Hinchinbrook Shire Council.										
I understand that the department will use information I have provided to the Hinchinbrook Shire Council to confirm my eligibility for the Pension Concession and will disclose to the Hinchinbrook Shire Council personal information including my name, address, payment and concession card type and status. I understand that this consent, once signed, remains valid for the period I am the owner of this property unless I withdraw it by contacting the Hinchinbrook Shire Council or the department. I understand that I can obtain proof of my circumstances/details from the department and provide it to Hinchinbrook Shire Council so that my eligibility for the Pension Concession can be determined. I understand that if I withdraw my consent or do no alternatively provide proof of my circumstances/details, I may not be eligible for the Pension Concession provided by Hinchinbrook Shire Council.										
Signature					Date					
SECTION FIVE: Declar	ation									
I further declare that I have Council immediately of any of				•				d that I will no	tify Hin	chinbrook Shire
Signature	Signature									
OFFICE USE										
Date of effect for subsidy		Client No			Officer			Date		