

PENSIONER REBATE APPLICATION

APPLICANT/S DETAILS	APPLICANT 1		
	Surname:		
	Given name/s:		
	Postal Address:		
		State:	Postcode:
	Home phone:	Work phone:	
	Mobile phone:		
	Email Address		
	Concession Card Number:		
	Date Concession granted:		
	Card Issued by:		
	APPLICANT 2		
	Surname:		
	Given name/s:		
	Postal Address:		
		State:	Postcode:
	Home phone:	Work phone:	
	Mobile phone:		
Email Address			
Concession Card Number:			
Date Concession granted:			
Card Issued by:			
PROPERTY DETAILS	Property address:		
	Date commenced residency:	Rates assessment number:	Lot and Plan number:
/ /		L SP/RP	
OTHER DETAILS	Q. 1 Is/are the applicant/s the only owner/s of this property?		
	<input type="checkbox"/>	Yes (Proceed to Q. 2)	<input type="checkbox"/> No (If no, please complete below)
	Name of other owner/s not listed as applicant/s:		
	Relationship to applicant/s (please circle): This information is required by Council to determine your eligibility percentage for the pension rebate.		
	Married Defacto Separated Divorced Other (Please Specify)		
	Percentage share in property: _____ %		
	Does this person/s also reside at the property?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	Q.2 Do you reside at the property?		
	<input type="checkbox"/>	Yes (proceed to Q. 3)	<input type="checkbox"/> No (If no, please complete below)
	State reasons why you are not residing at the property?		

OTHER DETAILS (Cont'd)	What is your residential address? <input style="width: 100%;" type="text"/>	
	Q. 3 Are you deriving an income from the property (e.g. rent)?	
	<input type="checkbox"/> Yes (proceed to Q. 4)	<input type="checkbox"/> No (proceed to Q. 4)
	Q. 4 Do you have any registered animals that you would like a pension concession applied to?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TERMS AND CONDITIONS FOR ELIGIBILITY	<p>Approved Pensioner An elderly, invalid, disabled or disadvantaged citizen, who is:- (a) An eligible holder of a Queensland 'Pensioner Concession Card' issued by Centrelink, on behalf of the Department of Human Services, or the Department of Veterans' Affairs, or a Queensland 'Repatriation Health Card - For All Conditions (Gold Card)' issued by the Department of Veterans' Affairs; and (b) The owner (either solely or jointly) or life tenant/s of a property which is his/her principal place of residence; and (c) Has, either solely or jointly with a co-owner, the legal responsibility for the payment of rates and charges as defined which are levied in respect of the said property by the Local Authority in whose area the property is situated.</p> <p>Note: Under no circumstances will a pensioner be regarded as an owner or co-owner unless his/her name appears as such on the Certificate of Title of the property or it can be clearly established that the pensioner is the beneficial owner but the title to the property is held in the name of another person or body for debt security or some such reason (e.g. property subject to Deed of Escrow). Life Tenant applicants must produce the original will or court order. There must not be provision in the will or court order that would relieve the life tenant of the obligation to pay rates and charges in respect to the property. The Life Tenant must reside at the property and must not have a major interest in any other residential property. The Life Tenancy is not valid when created <i>inter vivos</i>; that is while the writer of the Will is still living. Council Remission is 25% of the General Rate (Maximum \$400.00 per annum). State Government Subsidy is 20% of Rates and Charges (Maximum \$200.00 per annum). Fire Levy Rebate is 20% of the Levy applicable to a single unit dwelling.</p>
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CLIENT CONSENT and SIGNATURE	<p>I _____ authorise:</p> <p>Mackay Regional Council to use Centrelink Confirmation eServices to perform a Centrelink/ Department of Veteran Affairs 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.</p> <p>I/We authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Mackay Regional Council.</p> <p>I/We understand that the department will use information I have provided to the Mackay Regional Council to confirm my eligibility for the Pensioner Rates Subsidy Scheme and will disclose to the Mackay Regional Council personal information including my name, address, payment and concession card type and status.</p> <p>I/We understand that this consent, once signed, remains valid while I am a customer of Mackay Regional Council unless I withdraw it by contacting the Mackay Regional Council or the department.</p> <p>I/We understand that I can obtain proof of my circumstances/details from the department and provide it to Mackay Regional Council so that my eligibility for the Pensioner Rates Subsidy Scheme can be determined.</p> <p>I/We understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Pensioner Rates Subsidy Scheme provided by Mackay Regional Council.</p> <p>Signature of Applicant 1: _____ Date: ____/____/____</p> <p>Signature of Applicant 2: _____ Date: ____/____/____</p> <p>In the presence of: _____ Justice of the Peace / Commissioner for Declarations or Mackay Regional Council Officer</p> <p style="text-align: center;">PRIVACY DISCLAIMER</p> <p><i>Mackay Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as we are required by law.</i></p> <p>Your pension concession card or DVA card must be presented for copying when applying for rebates at any Council Office. If returning via email or post, please send the completed form with a copy of both sides of your pension card to PO Box 41, Mackay QLD 4740 or scan and email to: council@mackay.qld.gov.au</p>
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Office Use Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Declined - Reason _____		
Pension card sighted and copied by CSO <input type="checkbox"/>	Animal Registration records amended <input type="checkbox"/>		
Assessment No. _____	Pension No. _____	Type: _____	Eligibility: _____%
Effective date: _____	Pension No. _____	Type: _____	Eligibility: _____%
Input by: _____	Date: _____	Audited by: _____	Date: _____
Is there a NETT Direct Debit? YES / NO If YES, update to PENSIONER RATES NETT <input type="checkbox"/>			
Client provided with amended balance and due date: <input type="checkbox"/>			
Rates Audit: _____		Date: _____	