



Application for Pensioner Rate Subsidy

Applicant/s Details:

Full Name of Applicant/s:			
Postal Address:			
Suburb:	State:	Postcode:	
Phone:	Email:		

Property Details:

Property Address:			
Suburb:	State:	Postcode:	

I/we hold the following card/s issued by Centrelink or the Department of Veterans' Affairs
(Please tick applicable box)

- QLD Pensioner Concession Card
 QLD Repatriation Health Card – all conditions (Gold Card)

Card Number	Date Of Issue	Pension Type	Name On card

Are you the full and only owner/s of this property? Yes No

If "No" please supply the names of the other owner/s, relationship to you and their ownership share of the property.
(Note – a Statutory Declaration may be required).

Is this property the principal place of residence of the applicant/s? Yes No

If "No" (a) State applicants/s principal place of residence: _____
 (b) State current occupancy position of property (e.g. Vacant/carers etc.)

Are you claiming a pensioner subsidy on another property? Yes No

If forwarding this application by mail, please ensure that a certified photocopy showing both sides of the relevant pension card/s is/are enclosed

Life Tenancy (If applicable):

Has Life Tenancy been created by an executed will/supreme or family court order? Yes

No

Please attach a copy of relevant document/s

Declaration/Authorisation:

I/we, the above-named applicant/s, do sincerely declare that the information shown on this application is true and correct.

Signature of Applicant: _____

Date ___/___/___

Signature of Applicant: _____

Date ___/___/___

Signature of Applicant: _____

Date ___/___/___

Customer Confirmation:

This consent will be used for the sole purpose of authorising Centrelink to provide information to Balonne Shire Council to assess your eligibility in relation to concessions or services provided by Balonne Shire Council:

I _____ authorise:

- The Balonne 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.
- The Australian Government Department of Human Services (the department) to provide the results of that enquiry to Balonne Shire Council.
- I understand that:
- The department will use information I have provided to the Balonne Shire Council to confirm my eligibility for relevant concession and will disclose to the Balonne Shire Council 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 Balonne Shire Council unless I withdraw it by contacting the Balonne Shire Council or the department.
- I can obtain proof of my circumstances/details from the department and provide it to Balonne Shire Council so that my eligibility for relevant concession 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 concession provided by Balonne Shire Council.

Signature of Applicant: _____

Date ___/___/___

Signature of Applicant: _____

Date ___/___/___

Signature of Applicant: _____

Date ___/___/___

Office Use Only	
Rate Assessment Number: _____	Copy of QPCC / GOLD CARD Attached <input type="checkbox"/>
Date: ___/___/___	Officer's Name: _____
State Government Subsidy _____%	Council Remission _____%