

Application for Pension Rate Concessions

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9726
P 1300 GOLDCOAST
F 07 5596 3653
E mail@cityofgoldcoast.com.au
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Please use BLOCK LETTERS and complete all details in full.

Incomplete forms will be returned. No Concessions will be applied until application has been assessed and approved.

Account Number			
Section 1 - Application Details			
Property Address			
Contact Number			
Email Address			
Applicant A			
Name			
Qld Pension Number		Card Type	<input type="checkbox"/> PCC <input type="checkbox"/> DVA GOLD <input type="checkbox"/> *HCC <small>(see section 2 conditions apply)</small>
Pension Type (e.g. Age, Disability)			
Date of Pension Granted	/ /	Rate of Pension Payment	<input type="checkbox"/> Single or <input type="checkbox"/> Partnered
Do you receive Foreign Pension?	<input type="checkbox"/> No <input type="checkbox"/> Yes * If yes further information required.		
Applicant B			
Name			
Qld Pension Number		Card Type	<input type="checkbox"/> PCC <input type="checkbox"/> DVA GOLD <input type="checkbox"/> *HCC <small>(see section 2 conditions apply)</small>
Pension Type (e.g. Age, Disability)			
Date of Pension Granted	/ /	Rate of Pension Payment	<input type="checkbox"/> Single or <input type="checkbox"/> Partnered
Do you receive Foreign Pension?	<input type="checkbox"/> No <input type="checkbox"/> Yes * If yes further information required.		

*Foreign Pension – Centrelink Income Statement, or a completed Foreign Pensioner Income Confirmation Consent Form will **ONLY** be accepted as proof/receipt of foreign pension.. **DVA holders - Letter from DVA (must show Australian and Overseas Pension)**

Is this your principle place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the full and only owner(s) of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, state the names of the other owners below.		
Name	Relationship to You	% share in property	Residing on Property?
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Complete the Statutory Declaration in Section 5 page 3 (if applicable): e.g. if spouse/partner does not live at the property & does not contribute financially to rates and charges associated with the property</u>			
Date you PURCHASED the above property	/ /		
Date you STARTED LIVING at the above property	/ /		
Have you previously owned property within the City of Gold Coast area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, property address			

Period of ownership			
*Section 2 – Widows Allowance: Health Care Card Holders Only			
Is the Applicant's partner deceased? (Death Certificate required, please attach)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the deceased partner in receipt of Council's Rate Remission prior to their passing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forward the application to Billing Officer for further assessment.			
Section 3 – Declaration and Authorisation			
I/We, the abovementioned applicant(s) do sincerely declare that the information shown above is true and correct.			
I/We authorise:			
<ul style="list-style-type: none"> the City of Gold Coast 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 to enable the business to determine if I qualify for a concession, rebate or service. Services Australia (the agency) to provide the results of that enquiry to the City of Gold Coast. 			
I/We understand that:			
<ul style="list-style-type: none"> the agency will disclose personal information to the City of Gold Coast including my name/address/payment type/payment status and concession card type and status to confirm my eligibility for pension concessions. this consent, once signed, remains valid while I am a customer of the City of Gold Coast unless I withdraw it by contacting the City of Gold Coast or the agency. I can get proof of my circumstances/details from the agency and provide it to the City of Gold Coast so my eligibility for pension concessions 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 pension concessions provided by the City of Gold Coast. 			
Signature of Applicant A		Date	/ /
Signature of Applicant B		Date	/ /
Section 4 – Life Tenancy			
Has life tenancy been created by an executed Will/Supreme or Family Court Order?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Will/Family Court Order state that the Life Tenant is solely responsible for payment of Council rates and charges? (if yes, copy of death certificate and Executed Will required)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant any major interest in any other residential property within Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Collection Notice

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to <http://www.goldcoast.qld.gov.au/privacy-81.html>.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only - To be completed by Consultant			
Please tick appropriate box			
Form checked for Completion		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension Concession Card Checked		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address on card checked		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes added to Pathway & Grange Water		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Foreign pension amount or form attached? (if applicable) (see notes for Foreign Pension requirements)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statutory Declaration (if applicable)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application Received by:		Extension:	Date:
Pensions to Complete only:			
State Subsidy :	%	Start Date :	Water Subsidy: % Start Date:
Council Rate Remission:	%	Start Date:	Loaded by:

Statutory Declaration for Pensioner Rate Concessions

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Only those applicants claiming full applicable concessions in cases where their partner does *not reside on the property* should complete this Statutory Declaration.

Section 5 – Oaths Act 1867

Statutory Declaration

QUEENSLAND
TO WITNESS

I _____

of, _____

In the State of Queensland, do solemnly and sincerely declare that, I am a joint owner of the property and am wholly responsible for the payment of all rates and charges associated with the property.

I receive no monies from maintenance payment or through Family Court Order for the purpose of part payment of rates and charges with regard to above property.

AND, I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of 'The Oaths Act, 1867'.

Taken and Declared before me, at _____

Applicant signature

This _____ day of _____ 20 _____.

Justice of the Peace or
Commissioner for Declarations