

PENSIONER RATES REBATE APPLICATION

	State Governmer	nt subsidy and pens	ioner remission on	rates and charges pay	rable by approved pensioners			
PROP	ID	CRN		A/N	0.			
SURNAME CHRISTIAN			N NAMES	AI	DDRESS ON CARD			
NOTE	: If the property is in J		-	-	one name is required above.			
Eligib 1.	oility: Details of the Ca	ard/s						
CARD	TYPE		CARD	NUMBER	CARD SIGHTED			
PENSIONER CONCESSION CARD					YES □ NO □Council Officer □ Original Card □ Digital Card □ Copy of Card			
VETERAN AFFAIRS REPATRIATION HEALTH GOLD CARD					YES □ NO □Council Officer □ Original Card □ Digital Card □ Copy of Card			
Date	of Issue of Card:		_ NOTE: Card	d/s must be produced a	at time of lodgement of the application.			
 POLICY: On approved Applications, both the State Government Subsidy and Council Rebates will be calculated on the current year's levy only. Rebates on previous billing periods are only available on valid extenuating circumstances as approved in writing by the State Government to Council. The Subsidy and Rebates will be calculated from 1st July of the current year, or prorated from the issue date of the Pensioner Concessions Card, if issued after 1st July. 2. State whether the applicant (together with Spouse if applicable), is the full and only owner of the property: YES □ NO □ (a) If the answer is "NO", explain the position including details of any other non-applicant person or body holding part ownership. 								
3.	Is the responsibil	ity for paying rate	es shared equall	y by all owners:	YES NO			
		eir proportionate Court Order		s required in order	for the applicant to be entitled to			
4.		State whether th	ne property is the	e principal place of	residence of the applicant:			
		nt me being derived	from house	r:				
5.	Is the premises use	ed for commercia	ıl purposes (inclu	uding Home Occupa	ation): YES 🗆 NO 🗖			
	COMMENTS:							

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.

PO Box 189 CHARTERS TOWERS QLD 4820 Administration: 12 Mosman Street ABN 67 731 313 583

ABN 67 731 313 583 Documer#@b#3/D: @R2033 Version: 10, Version Date: 31/07/2023 Telephone: (07) 4761 5300 Facsimile: (07) 4761 5344 Email: mail@charterstowers.qld.gov.au www.charterstowers.qld.gov.au



PENSIONER RATES REBATE APPLICATION

NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % % % NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:										
The Charters Towers Regional Council to use Centrelink conformation 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. The Australian Government Department of Human Services (the Department) to provide the results of that enquiry to Charters Towers Regional Council. I understand that the Department will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE **STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE **STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE **STATUTORY DECLARATION ATTACHED **YES										
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. The Australian Government Department of Human Services (the Department) to provide the results of that enquiry to Charters Towers Regional Council. I understand that the Department will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES NA MI STATUTORY DECLARATION ATTACHED	CERTIFICATE				authorise:					
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 Charters Towers Regional Council. I understand that the Department will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES NA NA STATUTORY DECLARATION ATTACHED YES NA STATUTORY DECLARATION ATTACHED YES NA SEVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	The Charters Towe	The Charters Towers Regional Council to use Centrelink conformation eServices to perform a Centrelink/DVA								
The Australian Government Department of Human Services (the Department) to provide the results of that enquiry to Charters Towers Regional Council. I understand that the Department will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES			•)				
enquiry to Charters Towers Regional Council. I understand that the Department will disclose personal information to Charters Towers Regional Council including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % % % % NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A REVIEW CARD EXPIRY DATE:	enable the busines	enable the business to determine if I qualify for a concession, rebate or service.								
including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES NA GROWLETED & STATUTORY DECLARATION ATTACHED YES NA GROWLETED & STATUTORY DECLARATION ATTACHED YES NA GROWLETED & REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:										
including my name/address and concession card type and status to confirm my eligibility for a rates rebate. This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES NA GROWLETED & STATUTORY DECLARATION ATTACHED YES NA GROWLETED & STATUTORY DECLARATION ATTACHED YES NA GROWLETED & REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	Lunderstand that the Department will disclose personal information to Charters Towers Regional Council									
This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: STATUTORY DECLARATION ATTACHED YES NA REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	·									
withdraw it by contacting the Charters Towers Regional Council or the Department. I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE **STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE **NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE **STATUTORY DECLARATION ATTACHED YES	5 ,, and a control of the contr									
I can get proof of my circumstances/details from the Department and provide it to Charters Towers Regional Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE *** *** *** *** *** *** ***	This consent, once signed, remains valid while I am a customer of Charters Towers Regional Council unless I									
Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A REVIEW CARD EXPIRY DATE: EFFECTIVE DATE REVIEW CARD EXPIRY DATE:	•									
Council so my eligibility for a rates rebate 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 concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A REVIEW CARD EXPIRY DATE: EFFECTIVE DATE REVIEW CARD EXPIRY DATE:										
If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATUTORY DECLARATION ATTACHED YES N/A STATUTORY DECLARATION ATTACHED YES N/A REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	I can get proof of r	my circumst	ances/details from the Departr	nent and p	rovide it to Charters Towers Regiona	d				
for the concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT RESPONSIBLE	Council so my eligil	Council so my eligibility for a rates rebate can be determined.								
for the concessions provided by Charters Towers Regional Council. Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT RESPONSIBLE										
Signature of Applicant/s: Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % NAME ID: STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT RESPONSIBLE % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:										
Date: OFFICE USE ONLY - RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % % % NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE YES	for the concessions provided by Charters Towers Regional Council.									
OFFICE USE ONLY – RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % % % % FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A SIGNED CORRECTLY EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	Signature of Applicant/	/s:								
OFFICE USE ONLY – RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % % % % FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A SIGNED CORRECTLY EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	D 1					_				
NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % % % NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	Date:									
NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % % % % % % % % % % % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % % % STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	OFFICE USE ONLY – RATES SECTION TO COMPLETE PRIOR TO PROCESSING PAPERWORK									
NAME ID: COUNCIL ELIGIBLE COUNCIL RESPONSIBLE % % % STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE % STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	NAME ID:	COUNCIL EI	LIGIBLE COUNCIL RESPONSIBLE	STATE GO	VT ELIGIBLE STATE GOVT RESPONSIBLE	=				
FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A SEPTEMBER OF THE NEW CARD TYPE: REVIEW CARD EXPIRY DATE:			%		%					
FORM COMPLETED & STATUTORY DECLARATION ATTACHED YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:	NAME ID: COUNCIL E		LIGIBLE COUNCIL RESPONSIBLE	STATE GOVT ELIGIBLE STATE GOVT RESPONSIBLE						
SIGNED CORRECTLY YES YES N/A EFFECTIVE DATE REVIEW CARD TYPE: REVIEW CARD EXPIRY DATE:			%		%					
/ / YES	EFFECTIVE DATE REVIEW CA		RD TYPE:	REVIEW CA	REVIEW CARD EXPIRY DATE:					
		YES		YES						

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.

PO Box 189 CHARTERS TOWERS QLD 4820 Administration: 12 Mosman Street ABN 67 731 313 583

Documer **Graph GR**2033 Version: 10, Version Date: 31/07/2023 Telephone: (07) 4761 5300 Facsimile: (07) 4761 5344 Email: mail@charterstowers.qld.gov.au www.charterstowers.qld.gov.au