

This form is to be read in conjunction with Council's Pensioner Rate Rebate Policy (see www.whitsundayrc.qld.gov.au)

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'n/a'.

	ques	stion does not apply, plea				
Applicant/s Full Name						
Property Address						
Postal Address (if not the same as property address, please advise why)						
Contact Phone	Business	Home		Mobile		
Email Address						
I/We hold the following card/s issued by the Centrelink or the Department of Veterans' Affairs (Please tick applicable boxes). Qld Pensioner Concession Card Qld Repatriation Health Card – all conditions (Gold Card)						
applicable boxes). Qld Pensioner 0	Concession Car	rd		ans' Affairs (Please tick		
applicable boxes). Qld Pensioner 0	Concession Car	rd all conditions (Gold Ca	rd)	ans' Affairs (Please tick Name on Card		
applicable boxes). Qld Pensioner C Qld Repatriation	Concession Car n Health Card –	rd all conditions (Gold Ca	rd)	· ·		
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Correspondence: Chief Executive Officer, Whitsunday Regional Council, PO Box 104, Proserpine, QLD 4800 P: 1300 WRC QLD (1300 972 753) F: (07) 4945 0222 E: info@whitsundayrc.qld.gov.au www.whitsundayrc.qld.gov.au

Bowen
Cnr Herbert & Powell Streets
Bowen QLD 4805

Proserpine 83-85 Main Street Proserpine QLD 4800 Collinsville Cnr Stanley & Conway Streets Collinsville QLD 4804

Cannonvale Shop 23, Whitsunday Plaza Shute Harbour Road, Cannonvale QLD 4802



Are you the full and only owner/s of this property? 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)	Yes	No
Is this property the principal place of residence of the applicant/s? If "No" please:	Yes	No
(a) state applicant/s principal place of residence		
(b) state current occupancy position of property (i.e. vacant/carer etc.)		
Are you claiming a pensioner subsidy on another property?	Yes	No
Life Tenancy (If applicable) Has Life Tenancy been created by an executed will/Supreme or Family Court Order? (Please attach a copy of relevant document/s)	Yes	No
Responsibility Is the applicant legally responsible for the payment of rates and charges for this property?	Yes	No

Privacy Statement

Whitsunday Regional Council is collecting your name, address, contact phone number, details of the matter that could be deemed as your personal information and signature for declaration. This information will be used for the purpose of assessing your application and ensuring that we are able to remain in contact with you regarding the status of your application. This information will only be accessed by employees, contractors and/or Councillors of the Whitsunday Regional Council. Subject to the above disclosure, your personal information will not be given to any other agency unless you have given us permission, or we are authorised or required by law to do so.

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The **Declaration/Authorisation** AND **Customer Confirmation** must be completed and signed where indicated. If incomplete the application will not be processed.

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Declaration / Authorisation							
I/We, the above named applica correct.	ant/s, do sincerely decla	re that the information shown on t	his application is true and				
Signature of Applicant	Date	Signature of Applicant	Date				
		orising Centrelink to provide infornions or services provided by Whits					
Customer Confirmation							
 authorise: the Whitsunday Regional Council (the Council) to use Centrelink Confirmation eServices to perform a Centrelink and/or Department or Veterans' Affairs enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable to the Council to determine if I/we qualify for Pensioner Rate Subsidy. the Australian Government Department of Human Services (the Department) to provide the results of that enquiry to the Council. I/We understand that: the Department will use information I/we have provided to the Council to confirm my eligibility for Pension Rebate and will disclose to the Council personal information including my name, address, payment and concession card type and status. this consent, once signed, remains valid while I/we am/are a customer of the Council unless I/we withdraw it by contacting the Council or the Department. I/we can obtain proof of my circumstances / details from the department and provide it to Council so that my eligibility for Pension Rebate can be determined. if I/we withdraw my consent or do not alternatively provide proof of my circumstances / details, I/we may not be eligible for the concession provided by Council. 							
Signature			Date				
Signature			 Date				
Corrospon	Idence: Chief Evecutive Officer, Wh	itsunday Regional Council PO Roy 104 Procemine	O D 1800				

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Office Use Only	Rate Assessment Number		
Copy Pension Card Prov	ided QPCC / GOLD CARD (Officer Signature)		
Electronic Pension Card Sighted QPCCGOLD CARD and details confirmed correct with front of application (Officer Signature)			
Confirmed address on Card is same as current property address (Officer Sign)			
Date/	Processing Officer		
State Government Subsid	dy% Council Remission%		

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