

# Application for Pension Rate Concessions

Council of the City of Gold Coast  
ABN 84 858 548 460  
PO Box 5042 GCMC QLD 9729  
P 1300 GOLDCOAST  
F 07 5596 3653  
E [mail@cityofgoldcoast.com.au](mailto: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		Property Number	
<b>Section 1 - Application Details</b>			
Property Address			
Contact Number			
Email Address			
<b>Applicant A</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.		
<b>Applicant B</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 <b>yes</b> 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
<b><u>Complete the Statutory Declaration in Section 5 page 3 (if applicable): e.g. if spouse/partner does not live at the property &amp; does not contribute financially to rates and charges associated with the property</u></b>			
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			

<b>Period of ownership</b>			
<b>*Section 2 – Widows Allowance: Health Care Card Holders Only</b>			
<b>Is the Applicant's partner deceased? (Death Certificate required, please attach)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Was the deceased partner in receipt of Council's Rate Remission prior to their passing?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Forward the application to Billing Officer for further assessment.</b>			
<b>Section 3 – Declaration and Authorisation</b>			
I/We, the abovementioned applicant(s) do sincerely declare that the information shown above is true and correct.			
I/We authorise The City of Gold Coast to use Centrelink Confirmation eService to perform an enquiry of my Centrelink / Department of Veterans' Affairs customer details and concession card status in order to determine if I qualify for pension concessions on rates. I authorise The Australian Government Department of Human Services to provide the results of that enquiry to City of Gold Coast.			
I/We understand that: The department will use information I have provided to the City of Gold Coast to confirm my eligibility for pension concessions on rates and will disclose to the City of Gold Coast 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 City of Gold Coast unless I withdraw it by contacting Council or the department. I can obtain proof of my circumstances from the department and provide it to City of Gold Coast so that my eligibility for concession can be determined. If I withdraw my consent or do not alternatively provide proof of my circumstances, I may not be eligible for the concession provided by City of Gold Coast.			
<b>Signature of Applicant A</b>		<b>Date</b>	/ /
<b>Signature of Applicant B</b>		<b>Date</b>	/ /
<b>Section 4 – Life Tenancy</b>			
<b>Has life tenancy been created by an executed Will/Supreme or Family Court Order?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does the Will/Family Court Order state that the Life Tenant is solely responsible for payment of Council rates and charges?</b> <i>(if yes, copy of death certificate and Executed Will required)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has the applicant any major interest in any other residential property within Australia?</b>		<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.

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