

# PENSIONER CONCESSION APPLICATION FORM

Approved by the Chief Executive of the Division of Local Government, Department of Premier and Cabinet (delegate of the Director General, Department of Premier and Cabinet), in accordance with clause 135 of the Local Government (General) Regulation 2005 under the *Local Government Act 1993*.

## APPLICATION FOR A PENSIONER CONCESSION FOR THE WHOLE OR PART OF THE YEAR COMMENCING 1 JULY 20\_\_

Please answer all questions relevant to you using block letters and ticking appropriate boxes.

Property Assessment No. \_\_\_\_\_  
(please refer to the council rates and charges notice)

I, \_\_\_\_\_  
(Full name in block letters)

of \_\_\_\_\_  
(Address)

Telephone number \_\_\_\_\_ apply for a pensioner concession.

Property Description (Lot/ Plan) \_\_\_\_\_  
(Office Use Only)

1. I am the holder of a current Pensioner Concession Card (PCC) issued by the Commonwealth Government.

PCC No. \_\_\_\_\_ Date of Grant: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

I am NOT the holder of a Pensioner Concession Card. I am the holder of a Gold Card issued by the Department of Veterans' Affairs (DVA) under the Veterans' Entitlement Act (VEA) or Military Rehabilitation and Compensation Act 2004 (MRCA) and embossed with either:

Total Physical Incapacity (TPI)   
or  
War Widow/er (WW)   
or  
Extreme Disablement Adjustment (EDA)

Continued next page.

File No. \_\_\_\_\_ and

Date of Grant of TPI or WW pension under the VEA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of eligibility for Special Rate Disability Pension (SRDP)\* or wholly dependent partner payment\*\* under the MRCA  
\_\_\_\_/\_\_\_\_/\_\_\_\_

\*date of eligibility for SRDP is the eligibility date as notified in the letter from the DVA. MRCA clients will need to obtain a letter from DVA confirming eligibility.

\*\*date of eligibility for wholly dependent partner payment is the date of your partner's death. Call the DVA on telephone number: 133254, to obtain a letter.

2. Have you claimed a pensioner concession on any other property this year?

Yes  No

If **Yes**, state the address of the other property\_\_\_\_\_

3. The property for which I am claiming has been my sole/principal place of living

since\_\_\_\_\_.

4. I am liable for the payment of rates and charges on this property, together with others as listed below. (If no others, please write "SOLE OWNER")\_\_\_\_\_.

Please provide details of all "other" persons indicated in Question 4. (**ALL OWNERS other than the applicant should be listed, including your spouse**):

| Name | PCC Holder (Y/N) | Pension No | Date of Grant | Relationship to Me (eg. Spouse, Father, Co-owner, etc) | Resident of Property (Y/N) | % of Ownership |
|------|------------------|------------|---------------|--|----------------------------|----------------|
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |
|      |                  |            |               |  |                            |                |

Tick whichever is applicable.

Evidence of joint ownership:  
is attached

OR

has been provided to council previously

**THE FOLLOWING TWO QUESTIONS ONLY APPLY TO WAR WIDOW/ER AND WHOLLY DEPENDENT PARTNER APPLICANTS WHO DO NOT HOLD A PENSIONER CONCESSION CARD**

For the latest information and help to assess your income and assets, the DVA has fact sheets IS167 and IS168 located on its website <http://factsheets.dva.gov.au/> or call the DVA on telephone number: 133254.

5. Do you receive income from any other sources ie: wages, interest, rent, superannuation, investments?

Yes       No

If yes, please provide details:

| Type of Income | Amount received per week |
|----------------|--------------------------|
|                |                          |
|                |                          |
|                |                          |
|                |                          |
|                |                          |
|                |                          |
| Total          | \$                       |

6. Do you have any assets other than your principal home, including household contents, vehicles, land, furniture etc?

Yes       No

If yes, please provide details on the following page:

| Type of Asset | Approximate Value |
|---------------|-------------------|
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |
| Total         | \$                |

I hereby declare that the information provided is true and correct. **If you make a false statement in an application you may be guilty of an offence and fined up to \$2,200.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CUSTOMER CONSENT

For the sole purpose of authorising the council to confirm with Centrelink whether or not the detail I have provided to the council matches Centrelink or other Commonwealth portfolio department or agency records in relation to the current status of my Commonwealth Benefit:

I, \_\_\_\_\_ (full name) authorise the council to confirm the following details with Centrelink:

- Pension No
- Name
- Address
- Postcode, and
- That I am a valid concessional card holder

I agree that, unless I revoke my consent, this Customer Consent record is a permanent consent, and may be relied on by the council until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving the council **written** notice that my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession given by the council.

I acknowledge I have read and understood this Customer Consent record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998**  
**Compliance with Section 10**

The information contained in this application form and any information requested for the purpose of assessing eligibility for a pensioner concession is required under the Local Government Act 1993 and the Local Government (General) Regulation 2005. This information is required before your application for a pensioner concession can be processed. The information is private and confidential and council must not disclose the information to any person or body if it is not directly related to the purpose for which the information was collected.

**If you have a complaint about the use of your personal information, contact the council's Public Officer. The information contained or referred to in this application form may be corrected and updated by you, by contacting the council.**

**PURPOSE OF THIS FORM**

This form is to be completed by ratepayers wishing to receive a concession on council rates. Eligible ratepayers are entitled to receive up to:

- \$250.00 on ordinary rates and charges for domestic waste management services
- \$87.50 off their annual water rates and charges (where service is provided by council)
- \$87.50 off their annual sewerage rates and charges (where service is provided by council)

Generally, the concessions are available to eligible pensioners, however concessions may be granted to ratepayers suffering financial hardship in certain circumstances.

**The information provided by completing this form will enable council to determine eligibility to receive a concession and the level of concession the ratepayer is entitled to.**

## الغرض من هذا النموذج

يجب إكمال هذا النموذج بواسطة دافعي الرسوم البلدية، والراغبين في استلام تخفيض على رسوم المجلس البلدي. ويحق لدافعي الرسوم المؤهلين استلام مبالغ تصل إلى:

- \$ 250,00 على الرسوم العادية والتكاليف لخدمات إدارة النفايات المنزلية
- \$ 87,50 من الرسوم السنوية وتكاليف السماء
- \$ 87,50 من الرسوم السنوية وتكاليف تصريف مياه المحاري

بصفة عامة، فإن التخفيضات متاحة للمتقاعدين المؤهلين، ومع ذلك فقد تُمنح التخفيضات لدافعي الرسوم الذين يعانون متاعب مالية في حالات خاصة. المعلومات المتوفرة بإكمال هذا النموذج سوف تجعل المجلس البلدي قادرا على تحديد الأهلية لاستلام تخفيض، ومستوى التخفيض الذي يستحقه دافع الرسوم.

## 此表格的用途

此表格供希望獲得市政稅優惠的納稅人填寫。符合資格的納稅人最高可獲得以下減價優惠：

普通市政稅及垃圾管理費減價250.00澳門  
年度水費及管理費減價87.50澳門  
年度廢水處理稅及管理費減價87.50澳門

符合資格的福利金領取者一般可獲得這些減價優惠。但是在某些情況下，有經濟困難的納稅人也可獲得這些優惠。

在此表格內填寫的訊息可協助市政會決定該納稅人是否有資格獲得減價優惠，以及優惠的等級。

## A cosa serve questo modulo

Questo modulo deve essere riempito dai contribuenti che desiderano ricevere riduzioni sulle imposte comunali. I contribuenti che soddisfano i requisiti necessari possono ricevere le seguenti riduzioni:

- fino a \$250.00 sulle imposte comunali ordinarie e sulla bolletta per l'asporto dei rifiuti domestici;
- fino a \$87.50 sulla imposta annuale e bolletta dell'acqua;
- fino a \$87.50 sulla imposta annuale e bolletta delle fognature.

In linea generale le riduzioni vengono concesse solo ai pensionati aventine diritto ma, in alcune circostanze, possono essere estese anche ai contribuenti che si trovino in difficili situazioni economiche.

Le informazioni fornite riempiendo questo modulo consentiranno al Comune di determinare se il contribuente ha diritto alle riduzioni d'imposta e l'ammontare delle riduzioni stesse.

## OBJETIVO DE ESTE FORMULARIO

Los contribuyentes que deseen recibir una rebaja en las contribuciones municipales deben responder a este formulario. Quienes reúnan los requisitos podrán recibir hasta:

- \$250,00 en contribuciones y tarifas ordinarias por servicios de administración de desechos domésticos.
- \$87,50 de rebaja anual en las contribuciones y tarifas por agua potable.
- \$87,50 de rebaja anual en las contribuciones y tarifas por alcantarillado.

En general, las rebajas están a disposición de los pensionados que reúnan los requisitos. Sin embargo, se podrán conceder rebajas a los contribuyentes que pasen por privaciones económicas en ciertas circunstancias.

La información que se proporcione respondiendo a este formulario permitirá al municipio determinar tanto si el contribuyente reúne los requisitos para recibir una rebaja como el monto de la rebaja a la cual tendrá derecho el contribuyente.

## MỤC ĐÍCH CỦA ĐƠN NÀY

Đơn này cho những người đóng thuế địa phương muốn xin giảm thuế và lệ phí. Những người đóng thuế và lệ phí địa phương có thể được giảm đến:

- \$250 cho thuế địa phương thường và lệ phí cho dịch vụ đổ rác
- \$87.50 cho tiền nước và lệ phí hàng năm
- \$87.50 tiền cống rãnh và lệ phí hàng năm

Nói chung, những người hội đủ điều kiện để lãnh trợ cấp xã hội được giảm thuế và lệ phí địa phương, tuy nhiên trong một số trường hợp, những người gặp khó khăn về tiền bạc cũng có thể được giảm thuế và lệ phí.

Những chi tiết điền trong đơn này sẽ giúp hội đồng thành phố (council) ấn định xem quý vị có hội đủ điều kiện hay không và mức độ được giảm thuế và lệ phí.