

**WINTON SHIRE COUNCIL**

**APPLICATION FORM**

**STATE GOVERNMENT SUBSIDY ON RATES AND CHARGES PAYABLE**

**BY APPROVED PENSIONERS**

Please complete the following: -

**Eligibility:** State whether the applicant (or each applicant if more than one) is the holder of either a Pensioner Health Benefit Card or a Personal Treatment Entitlement Card. \_\_\_\_\_ **YES/NO**

If the answer is “**YES**”, state the number/s and date of issue of the card/s.

If the answer is “**NO**”, indicate below which applicant/s hold/s such a card and explain relationship of the other applicant/s (e.g. spouse; brother; sister etc.).

(Note: Card/s must be produced at time of lodgement of the application).

**Ownership:** State whether the applicant/s is/are the full and only owner/s of the property. \_\_\_\_\_ **YES/NO**

If the answer is “**NO**”, explain the position including details of any other non-applicant person or body holding part ownership.

**Residential Status** State whether the property is the principal place of residence of the applicant/s. \_\_\_\_\_ **YES?NO**

(Note: The answer should be “**YES**” if the applicant/s reside/s on the property under normal circumstances and do/does not derive income from occupancy by other people during any absences).

**CERTIFICATE:** I/We sincerely declare that the information shown above is true and correct.

**Signature of applicant/s:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_