

# Application



OFFICE USE ONLY NTPCCS Member ID:

## Personal details: Please print clearly

Surname:

Given Names:

Are you known by any other name/s?:

Date of Birth:  /  /  Male  Female

Telephone Numbers: (home)  (work)

(mobile)

Ethnicity: Aboriginal  Torres Strait Islander  Other

Country of Birth:

Permanent resident of the Northern Territory

Proof required, please refer to documentation needed in 'Office Use Only' on reverse side.

## Member category: please tick member category and provide:

- |   |   |
|---|---|
| <input type="checkbox"/> Senior                                 | Proof of age (if non-pensioner)                   |
| <input type="checkbox"/> Centrelink Pensioner                   | Centrelink card no: <input type="text"/>          |
| <input type="checkbox"/> Veterans' Affairs - Service            | Veterans' Affairs card no: <input type="text"/>   |
| <input type="checkbox"/> Veterans' Affairs - Spouse             | Veterans' Affairs card no: <input type="text"/>   |
| <input type="checkbox"/> Veterans' Affairs - Aged War Service   | Veterans' Affairs card no: <input type="text"/>   |
| <input type="checkbox"/> Veterans' Affairs - TPI                | Veterans' Affairs card no: <input type="text"/>   |
| <input type="checkbox"/> Veterans' Affairs - War Widow/er       | Veterans' Affairs card no: <input type="text"/>   |
| <input type="checkbox"/> Non-Pension Aged War Service Veterans  | Qualifying Service Statement from Dept of Defence |
| <input type="checkbox"/> Low-Income Superannuant                | Health Care card no: <input type="text"/>         |
| <input type="checkbox"/> Carer: Commonwealth Carer's Allowance* | Centrelink Reference no: <input type="text"/>     |

(\*Note: Carers who are eligible under another category are entitled to apply under that category).

## Current Residential Address:

Number:  Street:

Suburb/Town:  Postcode:

Do you own or are you purchasing the above residence: yes  no

## Postal Address: if different to residential address

Box number:  Suburb/Town:  Postcode:

# NORTHERN TERRITORY pensioner & carer concession scheme

## Spouse / De facto details:

Surname:

Given Names:

Date of Birth:  /  /

## Dependant children: under 16 years, declared as dependant/s, residing with applicant

Surname	Given Name	M/F	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Declaration:

I am applying for a Northern Territory Pensioner and Carer Concession Card for the purpose of claiming concessions under the Northern Territory Pensioner and Carer Concession Scheme and declare that the information provided in this application is true and correct.

I am a permanent resident of the Northern Territory and declare that the residential address stated is my principal place of residence.

I authorise the following agencies and corporations to disclose to the Department of Health and Community Services so much of the information contained in my records as is necessary to determine my eligibility for concessions under the Northern Territory Pensioner and Carer Concession Scheme and for no other purpose: Centrelink; Department of Veterans' Affairs; Australian Customs Service; Department of Immigration and Ethnic Affairs; PowerWater; Local and Community Government Councils; Motor Vehicle Registry or its agents; Contracted Optometrists and for the Department of Health and Community Services to release such information to any of the above as is required for the purpose of providing concessions to me under the Northern Territory Pensioner and Carer Concession Scheme. This consent is ongoing until I withdraw it. I can withdraw my consent at any time by contacting the Northern Territory Pensioner and Carer Concession Scheme at the Department of Health and Community Services.

Date:  /  /

▲ Signature of Applicant

Date:  /  /

▲ Signature of Witness

(Print witness name):

For more information please call:

**1800 421 887**  
(at the cost of a local call)

[www.nt.gov.au/health](http://www.nt.gov.au/health)

Northern Territory Government  
Department of Health and Community Services

# Office Use Only

NTPCCS Member ID  Member Category:

## All Applicants:

**Must** provide proof of being a permanent resident which must be verified from at least two (2) of the following documents:

- Power or telephone accounts / Council rates notices / other official documents
- Rental agreements / receipts
- EFTPOS receipts (validated by card or signature) / bank or credit union books / statements
- Centrelink or Department of Veterans' Affairs letter
- Other

**All applicants NOT born in Australia must also provide either:**

- Certificate of Australian Citizenship
- Passport stamped with Permanent Residence

Proof of residency provided from  /  /  and entered on PCS:

## Carer - Commonwealth Carer's Allowance:

- Centrelink reference number sighted and recorded.

## Low-Income Superannuants:

**Must** provide:

- Group Certificate; **or**
- Statement of Earnings from Superannuation Fund; **and**
- Commonwealth Health Care Card sighted and number recorded.

## Centrelink and Veterans' Affairs Pensioners:

- Commonwealth Pensioner Concession Card sighted and number recorded.

## Seniors, Pension & Non-Pension Aged War Service Veterans:

**Must** provide proof of age:

- Birth Certificate; **or**  Passport; **or**  Driver's Licence; **or**

Seniors only:

- Commonwealth Age Pensioner Concession Card sighted and number recorded.

## Seniors, TPIs, Pension & Non-Pension Aged War Service Veterans:

**Must** provide two (2) years proof of residency to establish eligibility for **travel concession**.

Two (2) years proof of residency sighted from  /  /   
and entered on PCS:

## Property Ownership / Address Details:

- Not applicable  Ownership percentage

Details checked on Lands (ILIS):

## Documentation:

- Copies of all relevant documentation attached

Date:  /  /

▲ Signature of DHCS Officer

(Please print name):

## NTPCCU Use Only:

- Supporting documents checked
- Residential Start Date checked on PCS
- Dependant details checked
- Property ownership details checked
- APPROVED**
- NOT APPROVED**

Reason for non-approval:

Date:  /  /

▲ Signature of NTPCCU Officer

(Please print name):