



ACT
Government

**Asbestos Response
Taskforce**

The Loose Fill Asbestos Insulation Eradication Scheme Application for Relocation Assistance Grant for Properties Identified after Scheme Announcement (Owner Occupiers)

This form should not be used if you are a tenant or former tenant of an affected property and wish to apply for assistance. There is a separate application form for tenants to complete.

This application is made under the Loose Fill Asbestos Insulation Eradication Scheme (the Scheme). All applications will be assessed in accordance with the *Loose Fill Asbestos Insulation Eradication Scheme – A Guide for the Relocation Assistance Grant for Properties Identified after Scheme Announcement*. This application cannot be processed unless it is signed by all owners of the affected property and lodged with all sections completed. You may also be required to provide additional information to enable the application to be processed.

I/we wish to apply for a Relocation Assistance Grant for the affected property

Part 1 – Applicant details

List all registered owners for the affected property

Name(s):	Year of birth <i>eg. 1976</i> :

Dependant(s) residing at the property:

Defendants defined as in 'Fact Sheet: Dependant Child Definition'

Name(s):	Year of birth <i>eg. 2001</i> :

Is anyone within the household a member of any of the following groups:

- Aboriginal or Torres Strait Islander
- People with Disability
- People from non-English speaking background

If you have ticked any of the boxes above, please provide details, including which household member this applies to:

Address of affected property:

New residential address:

New forwarding postal address:

Telephone(s):

Email:

Preferred method of contact:

Please mark as appropriate

Email

Telephone

Post

I am / we are the

Please mark as appropriate

Owner/occupier(s) residing in an affected property as at the date it was added to the Affected Residential Premises Register

Other (please provide details below)

Other:

Part 6 – Further information

Is there any other relevant information that you would like to provide in relation to your application? If so please provide below (attach additional page(s) if necessary).

Part 7 – Signing

I/we declare that the information contained in this application is true and correct.

I/we have read *The Loose Fill Asbestos Insulation Eradication Scheme – A Guide for the Relocation Assistance Grant for Properties Identified after Scheme Announcement* and understand the application will be assessed in accordance with it.

Note: The application must be signed by all applicants. All registered proprietors must sign the form. This form must not be used by tenants or former tenants of an affected property applying for assistance.

Name:	Name
Signature:	Signature:
Date:	Date:

Name:	Name
Signature:	Signature:
Date:	Date:

Note: The *Criminal Code 2003* provides for significant penalties, including fines and imprisonment, for making a false or misleading statement to the Territory in the hope of obtaining a financial benefit.

Part 8 – Taskforce use only

Client case number:	
Is applicant eligible for relocation funding grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, complete following questions)</small>
Relocation Assistance Grant fund total applicant is eligible for:	Total: \$
Date grant processed:	/ /
Processed by:	Taskforce Officer name:

