



ACT
Government

Asbestos Response
Taskforce

Loose Fill Asbestos Insulation Eradication Scheme Application for Relocation Assistance Grant (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 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*. 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:

Dependants 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:

- Email Telephone Post

Please mark as appropriate

I am/ we are the:

Please mark as appropriate

- Owner/occupier residing in an affected property at 28 October 2014
- Owner/occupier residing in an affected property as at 18 February 2014 who has vacated after that date as a result of the notification of loose fill asbestos
- Other (please provide details below):

Other:

Part 2 – Date of relocation from the affected property

Date on which the owner/occupier relocated from the affected property / /

Part 3 – Previous assistance

I/we and/or another occupier or former occupier have received financial assistance from the ACT Government (Taskforce) in relation to the affected property

- Yes (please specific below)
 No
 I don't know

If you selected yes above please outline below:

Amount of assistance provided if known:

\$

Assistance paid to who:

Part 4 – Acknowledgement

I/we acknowledge and agree:

- (i) all occupants of the affected property have vacated and no person is residing in the affected property
- (ii) to maintain the external perimeter of the affected home (eg. mowing lawns, clearing gutters and securing the home) until the surrender of the property
- (iii) this application will be assessed in accordance with The Loose Fill Asbestos Insulation Eradication Scheme – A Guide for the Relocation Assistance Grant
- (iv) that I will not return to reside in the affected property
- (v) that I will not knowingly permit another person(s) to reside in the affected property
- (vi) if my application is approved and previous assistance has been paid in respect of the affected property it will be deducted from the amount of the grant.

Part 5 – Banking details

If my application is approved any grant is to be paid into my account as follows:

Account name:

BSB:

Bank:

Account number:

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 if necessary).

Part 7– Signing

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

I/we have read the *The Loose Fill Asbestos Insulation Eradication Scheme – A Guide for the Relocation Assistance Grant* 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:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Note: The *Criminal Code 2002* 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 (If yes complete following questions)
Relocation Assistance Grant fund total applicant is eligible for:	Total: \$
Date grant processed:	/ /
Processed by:	Taskforce Officer name: