



ACT
Government

**Asbestos Response
Taskforce**

Loose Fill Asbestos Insulation Eradication Scheme Application for Relocation Assistance Grant (Tenants)

This form should not be used if you are an owner of an affected property and wish to apply for assistance. There is a separate application form for owners 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 tenants identified on the valid residential tenancy agreement for the affected property and lodged with all sections completed. **You must also supply a copy of the residential tenancy agreement and evidence of lodgement of the bond for the tenancy with your application, which cannot be processed without this documentation.** 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	
<i>List all tenants identified on the residential tenancy agreement for the affected property</i>	
Name(s):	Year of birth <i>e.g. 1976</i> :
Is anyone within the household a member of any of the following groups:	
<input type="checkbox"/> Aboriginal or Torres Strait Islander	
<input type="checkbox"/> People with Disability	
<input type="checkbox"/> 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: <i>Please mark as appropriate</i>	<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post
I am/ we are the: <i>Please mark as appropriate</i>	<input type="checkbox"/> tenants residing in an affected property at 28 October 2014 who have vacated after that date <input type="checkbox"/> tenants residing in an affected property as at 18 February 2014 who have vacated before 28 October 2014 as a result of the notification of loose fill asbestos (Please provide details of notification below)
Details of notification: Set out full details of when and how you were notified of the presence of the loose fill asbestos (the Taskforce may seek to verify these details with your lessor or managing agent)	
Were there dependent children who resided at the affected property?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
*If yes, please outline details (number of children, age, period they resided at the affected property, nature of dependency (ie. infant, school student, other student not employed, adult with disability, other)	

Part 2 – Date of relocation from the affected property	
Date on which the you relocated permanently 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	<input type="checkbox"/> Yes (please specific below) <input type="checkbox"/> No <input type="checkbox"/> 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: <ul style="list-style-type: none"> (i) all tenants named on the residential tenancy agreement and their permitted occupants have vacated the affected property (ii) to the best of my knowledge no person is currently residing in the affected property (iii) this application will be assessed in accordance with <i>The Loose Fill Asbestos Insulation Eradication Scheme – A Guide for the Relocation Assistance Grant</i> (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 (vii) that the Taskforce may contact my lessor at the time of occupation and/or the managing agent for the affected property for the purpose of verifying any information set out in this application or otherwise provided by me in support of the application and I consent to that contact and the release of information by my lessor and/or the managing agent (viii) the Taskforce may provide a copy of this application form (and any material provided by me in support of the application) to the lessor and/or managing agent for the purpose of verifying the information provided (ix) if required by the Taskforce I will sign and provide to the Taskforce a statutory declaration setting out one or more matters required by it for the purpose enabling assessment of my application (x) all information provided in this form is true and correct. 	
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 – Provision of documents (The application cannot be processed without this documentation).	
A copy of the residential tenancy agreement is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of the lodgement of the bond for the tenancy is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 8 – Managing Agent details	
The managing agent details are a set out in the residential tenancy agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If no please provide details of managing agent	Name: Address: Phone: Email:

Part 9 – 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 tenants identified on the residential tenancy agreement. This form must not be used by owners of an affected property applying for assistance – there is another form which must be completed.

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 Assistance Grant for tenants?	<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: