

# 01 HRP Phase 3 application

## Form Preview

### Eligibility and privacy

\* indicates a required field

#### Privacy Notice

The Queensland Government is collecting personal information on this form to provide you with financial assistance in connection with the Household Resilience Program. The Queensland Government may need to disclose your personal information to the contractor you have nominated, or to obtain personal information about you from the contractor, to confirm that work has been carried out, or in the process of making payments directly to the contractor.

Your personal information including name, address and contact details, along with the details of works performed at your address may be disclosed to James Cook University and the Queensland Reconstruction Authority. This information will be shared with these entities upon completion of works for the purposes of collaborating with the Queensland Government to determine and report on whether the works performed under the Household Resilience Program were effective in reducing damage to houses following a natural disaster.

In the event of a severe weather event occurring, these entities may contact you via phone or mail for research purposes.

Limited personal information may be used to evaluate the outcomes of the Household Resilience Program for example, requesting the completion of feedback surveys and contacting you to discuss any savings on your insurance premiums. The statistical data derived from this information may be disclosed to other State and Federal Government agencies for program research and outcome comparison purposes.

Unless authorised or required by law, your personal information will not otherwise be passed on to any other third party without your consent. More information about the Queensland Government's privacy policy is available on the Queensland Government's website.

**Do you agree with the Privacy Notice? \***  Yes  No

**Are you an authorised third party applying for this application? \***  Yes  No

#### Third party consent form

**What is your authorisation type? \***

Power of Attorney, Carer of special need, a partner, a friend, a family member, a professional, an organisation or a combination depending on the type of enquiry

**Please provide a proof of consented authority. \***

Attach a file:

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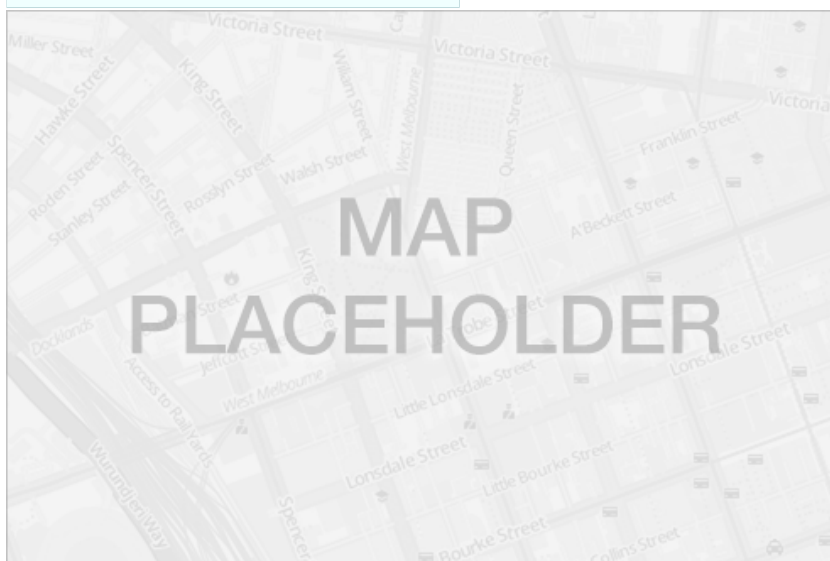
### Household Resilience Program eligibility check

\* indicates a required field

#### Address

**What is the full address of the property you are seeking a grant for? \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

**Please provide the Lot on Plan reference**

This can be found on your Rates Notice

**Postal Address**

Address

**What year was your property built? \***

Your house must have been built prior to 1984 to be eligible for this grant. Please provide an approximate year if you are unable to determine the year of construction.

#### About the property

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**Is this property within 50km of the coastline from north of Bundaberg, up to Cape York and west to the Northern Territory border? \***

Yes  No  Uncertain

Please refer to the following link to answer this question. <https://dhpw.maps.arcgis.com/apps/webappviewer/index.html?id=0b1c36b1c19a4d75879f2dd1c78da02e>

**Are you the homeowner of the property you are seeking a grant for? \***

Yes  No

This includes if you currently have a mortgage or loan for the property.

**Is this property your primary place of residence? \***

Yes  No

Your primary place of residence is generally considered the dwelling that you and your family live in on a daily basis, with your personal possessions.

**Please attach a copy of your latest Rates Notice. \***

Attach a file:

Your rates notice will be used to confirm the property address, property details and ownership.

Please note, if your rate notice indicates a PO BOX, please provide a most recent utility bill displaying your residential address.

If your rates notice has a different name to your income evidence documents, please provide evidence of a name change, such as Marriage/Divorce Certificate or other legal change of name documentation.

Files can be up to 25MB each. We recommend trying to keep files to a maximum of 5MB. You can upload a photo of documents from your phone, pdf, jpeg or word documents.

## Applicant details

\* indicates a required field

### Primary applicant details

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Primary contact phone number \***

Must be an Australian mobile or landline number. If the number is a landline, please include your area code eg 07 xxxx xxxx.

**Other Phone**

Must be an Australian mobile or landline number. If the number is a landline, please include your area code eg 07 xxxx xxxx.

**Email \***

Must be an email address.

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### Primary applicant income

**What is your individual gross (before tax) yearly income, including any Centrelink or Veterans' Affairs payments? \***

\$

a dollar amount

**Do you receive any Centrelink payment? \***

Yes  No

**Do you receive any Veterans' Affairs payment? \***

Yes  No

**Is there more than one person living at the property? \***

Yes  No

List each additional persons name and gross (before tax) yearly income below

Add extra rows if required and include a row for each person living at the property who earns an income.

**Additional persons name**

**Additional persons yearly before tax income**

Additional persons name	Additional persons yearly before tax income
	Must be a dollar amount.
	\$ <input type="text"/>

**Income total of additional people living at the property**

\$

This number/amount is calculated.

### Household income

All people who live at the property, to which the grant relates, will need to include their income in the income test.

Income **includes** payments such as wages, pension, allowances, interest and dividend payments and payments made by Centrelink including family allowance.

However, rent assistance from the government, child support, emergency relief, similar assistance or, payments through a National Disability Insurance Scheme package **are not** counted as part of your income for the purposes of this grant application.

For the income limits below, a child means a person under 18 years of age who is financially dependent on an adult. If a person under 18 years of age is financially independent, they are considered an adult

To be eligible, the yearly gross income of of the household must be less than:

- **1 adult**
  - income limit must not exceed \$54,643

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- **2 adults**
  - income limit must not exceed \$75,548
- **3 adults**
  - income limit must not exceed \$96,453
- **4 adults**
  - income limit must not exceed \$117,358
- **Sole parent with 1 child**
  - income limit must not exceed \$75,601
- **Sole parent with 2 children**
  - income limit must not exceed \$93,728
- **Sole parent with 3 children**
  - income limit must not exceed \$111,855
- **Couple with 1 child**
  - income limit must not exceed \$93,675
- **Couple with 2 children**
  - income limit must not exceed \$111,802
- **Couple with 3 children**
  - income limit must not exceed \$129,929

To calculate eligibility for household types not identified above, please use the information below.

- **First single adult:**\$54,643
- **Each additional adult:**\$20,905
- **First sole parent:**\$57,474
- **Each child:** \$18,127

Income levels above are assessed on the total income for a household, not individuals within the household.

### Number of dependent children? \*

To be considered dependent, a child (under 18 years old) must be your birth, adoptive or relationship child, and completely or mostly dependent on you or your partner

### Number of additional adults? \*

An adult who needs to be included in this count is someone over 18 years old, or someone under 18 years old who is financially independent who lives at the property to which this grant relates.

### Total of all householders income for the property in this application?

This number will be automatically calculated from your before tax yearly income, and if applicable, the yearly income of any other people who receive and income and live at the property included in the section for additional people living at the property who receive an income

### Does your household meet the income eligibility requirements above? \*

- Yes  No

Evidence of income

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**All persons in your household who receive and income** must provide evidence of their gross yearly income for the last 12 months which allows the department to accurately determine the total gross homeowners' income.

Accepted documentation includes: -

- 2020/21 notice of assessment or annual income tax returns
- letters from employers: detailing your annual income
- PAYG summary statement from superannuation funds
- PAYG summary statement from Centrelink
- PAYG summary statement from DVA
- statements of dividends or rents paid.

### Self-employed

If you are self-employed, you will be required to submit your most recent Business Activity Statement, Profit & Loss Statement and Annual Tax Return as proof of your income.

### Medicare Card

To confirm eligibility we need to sight a copy of your Medicare card. Please upload a picture or scan of your Medicare card in the file upload section below.

**IMPORTANT: Applicants must remove their Tax File Number (TFN) from documents before submitting their application**

**Please upload documents as listed above evidencing all household income. \***

Attach a file:

Files can be up to 25MB each. We recommend trying to keep files to a maximum of 5MB. You can upload a photo of documents from your phone, pdf, jpeg or word documents.

**Please upload a picture or scan of your Medicare card. \***

Attach a file:

A minimum of 1 file must be attached.

## Statistical information

\* indicates a required field

Information in this section is not used to assess your application. The information you provide will be aggregated and used to review access to Queensland Government Programs.

### Which age bracket do you fall within?

- 18 - 25 years old
- 26 - 35 years old
- 36 - 45 years old
- 46 - 55 years old
- 55 - 65 years old
- 65 + years old

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### How did you hear about the Household Resilience Program?

Example: Newspaper, TV Advertisement, Word of mouth, Information from your Insurance Agency

### Do you identify as belonging to any of the following group? (choose all that apply)

- First Nations person
- Culturally and linguistically diverse (CALD)
- Person with a disability
- None of the above
- Prefer not to say
- Other:

### Is your house currently insured? \*

- Yes  No

### If you are currently insured, who is your insurer?

Ensure you talk to your insurer regarding any discounts that may be applicable to your premium after having this improvement work completed.

## Declarations

\* indicates a required field

### Please tick each of the boxes below to indicate you have read and understand each of the statements before checking the declaration box below \*

- I understand the instructions and Privacy Notice on this form.
- I agree to be bound by the Privacy Notice and Declarations.
- I understand that this program funding is drawn from a limited pool and initial eligibility advice does not ensure that your application will be approved or that future funding will be available.
- I understand that this form will be used by the Queensland Government to register my application for the Household Resilience Program, provided I am eligible for assistance under that program.
- I understand and agree to my personal information being provided to another agency, including James Cook University and Queensland Reconstruction Authority as outlined in the privacy notice, or the contractor I have nominated where it is necessary, to progress any application I make for a funding grant through the Household Resilience Program.
- I understand and agree to the Queensland Government obtaining my personal information from the contractor I have nominated where it is necessary, to progress any application I make for a funding grant through the Household Resilience Program
- I understand that if I receive a grant under this Program, I will need to co-contribute to the cost of the improvements works.
- I understand that I will commit an offence and be liable to a penalty under the Housing Act 2003, if I knowingly provide to the Queensland Government false or misleading

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information that may influence decisions about eligibility for a funding grant and may make my application invalid.

I understand that the Queensland Government may contact me post completion of works for the purposes of completing a feedback survey or to discuss any benefits received from participating in the program including any savings on my insurance premiums.

**In lodging this application for funding under the program, I acknowledge and agree to the following: \***

The funding provided by the state is to be used only to provide mitigation works for the purposes of the program and is not to be used for any other purpose.

While the purpose of the program is to fund mitigation works designed to prevent future cyclone or storm damage to my home, carrying out the works may not necessarily have this effect. The state does not warrant that the mitigation works for which funding is provided will prevent future cyclone or storm damage to your home.

Funding would only be provided if my application is accepted. The minimum quote accepted for this program is \$3,300. Funding would only be provided for 75% of the actual costs of completed eligible household mitigation works, up to a maximum of \$11,250 inclusive of any GST. No further funding will be provided. For example, if the contractor I engage to provide the mitigation works for the purpose of the Program identifies any works which must be carried out to allow the contractor to complete the mitigation works, the state is not liable for the additional works required to my home identified by the contractor (e.g. extra work discovered after the job starts to fix termite problems, timber rot or asbestos issues).

The provision of funding by the state of Queensland or the Department of Energy and Public Works does not create any employment or agency relationship with me or the contractor engaged by me to provide the mitigation works.

**Declaration \***

By checking this box I declare to the best of my knowledge, the information I have provided on this form and in conjunction with this form is true and correct.

**Name of applicant \***

Title      First Name      Last Name

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**Date form is submitted \***

Must be a date.

### An authorised third party

If you are an authorised third party submitting this form on behalf of an applicant, please complete this section.

**Name**

Title      First Name      Last Name

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**Date form is submitted**



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Must be a date.

### Submitting online application form

When you have answered all of the mandatory questions you can submit this form. If you attempt to submit this form without answering all the mandatory questions the outstanding questions will be flagged for you to answer before you will be able to submit this form.

By submitting this form you are indicating that you understand the Privacy Notice and Declarations and agree to be bound by them.

If you have issues submitting this form, please contact the team administering this grant at [strongerhomes@epw.qld.gov.au](mailto:strongerhomes@epw.qld.gov.au) on by phone on 07 3007 4485.