

01 HRP4 Application

Form Preview

Privacy and third party consent

* 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.

[Privacy policy](#)

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

Acceptance of the Privacy Notice is mandatory. In order to proceed with your application, please select Yes.

Third party consent

Are you an authorised third party applying on behalf of the applicant? *
☐ Yes ☐ No

[Third party consent form](#)

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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 proof of consented authority. *

Attach a file:

Household Resilience Program eligibility check

* indicates a required field

Eligibility requirements

PDF download [Household Resilience Program Eligibility Criteria](#)

Website link [Household Resilience Program website link](#)

Please confirm that you have read and meet the eligibility criteria and income requirements to apply. *

- ☐ Yes
☐ No

Address

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

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 before 1984 to be eligible for this grant. If you don't know when your house was built, please give an approximate year. We may need you to provide supporting evidence.

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About the property

Is this property north of Bundaberg and within 50km of the coastline to the Queensland/Northern Territory border? *

☐ Yes ☐ No ☐ Uncertain

Check the map to help you answer this question. [Map link](#)

Are you the homeowner of this property? *

☐ Yes ☐ No

This includes if you currently have a mortgage or loan for the property. Trusts, businesses and strata properties are not eligible for this funding.

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.

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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Does this property have any insurance claim for pre-existing damage? *

- ☐ Yes
☐ No

If yes, documentation may be required to assess your eligibility.

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 payments? *

- ☐ Yes ☐ No

Do you receive any Veterans' Affairs payments? *

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

List each additional person's 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 person's name

Additional person's yearly before tax income

| | |
|----------------------|--------------------------|
| <input type="text"/> | Must be a dollar amount. |
| <input type="text"/> | \$ <input type="text"/> |

Total income of additional people living at the property

\$

This number/amount is calculated.

Household income

All people who live at the property, 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.

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 this grant application.

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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 the household must be less than:

- **1 adult**
 - income limit must not exceed \$62,794
- **2 adults**
 - income limit must not exceed \$86,818
- **3 adults**
 - income limit must not exceed \$110,842
- **4 adults**
 - income limit must not exceed \$134,866
- **Sole parent with 1 child**
 - income limit must not exceed \$86,878
- **Sole parent with 2 children**
 - income limit must not exceed \$107,710
- **Sole parent with 3 children**
 - income limit must not exceed \$128,542
- **Couple with 1 child**
 - income limit must not exceed \$107,650
- **Couple with 2 children**
 - income limit must not exceed \$128,482
- **Couple with 3 children**
 - income limit must not exceed \$149,314

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

- **Each additional adult:** \$24,024
- **Each child:** \$20,832

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 household 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 an income and live at the property included in the section for additional people living at the property who receive an income

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Does your household meet the income eligibility requirements above? *

☐ Yes

☐ No

Evidence documents

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

Accepted documentation includes: -

- current Notice of Assessment (NOA).
- annual statement from superannuation funds.
- current fortnightly Income Statement from Centrelink, include pages 1 and 2.
- payment summary statement from Department of Veterans Affairs (DVA).

Self-employed

If you are self-employed, you must 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.

Utilities bill

Please upload a copy of your current utility bill displaying the service address for proof of occupancy in the file upload section below.

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

Please upload current Medicare card, utility bill and proof of income here for all persons in your household. *Note: screenshots will not be accepted *

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.

About you

*** indicates a required field**

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

Your age group

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

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☐ 65 + years old

Do you identify as belonging to any of the following groups? (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

Current insurer

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

- ☐ AAMI
- ☐ Allianz
- ☐ Apia
- ☐ CGU
- ☐ CommInsure
- ☐ Elders Insurance
- ☐ RACQ (QLD)
- ☐ Suncorp Insurance
- ☐ Sure

If "other" selected, please add Insurer's business name

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

How did you hear about the Household Resilience Program?

Choose all that apply

- ☐ Newspaper
- ☐ Television advertisement
- ☐ Word of mouth
- ☐ Information from your Insurance Agency
- ☐ Social Media
- ☐ Contractor
- ☐ Other:

Declarations

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* 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 if I knowingly provide to the Queensland Government false or misleading information that may influence decisions about eligibility for a funding grant my application may be made 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 improve resilience against 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 80% of the actual costs of completed eligible household mitigation works, up to a maximum of \$15,000 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 Housing 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.

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Name of applicant *

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

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 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date form is submitted *

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 or by phone on 07 3007 4485 (Option 1).