

# Recovery and Restoration Grants - Sept 24

## Form Preview

### Grant Information

\* indicates a required field

## Recovery and Restoration Grants - Severe Weather Event August/September 2024

**This grant is to provide assistance to Tasmanian Residents only.**

This application form is for those seeking one or both of the follow supports;

- Repair and Restoration Grant; and
- Replacement of Household Items Grant

### General Eligibility

Eligibility for Recovery and Restoration Grants is assessed against the following criteria:

- Income Threshold - based on the Services Australia (Centrelink) [Income test](#) - Low Income Health Care Card limits (see below).
- Proof of Identity must be provided
- Residential Status must be within the declared area of the emergency event
- Insurance - no or inadequate insurance coverage.

### Acquittal Requirements

Please note any funding provided under this program will be required to be acquitted.

This means, if successful in receiving a grant, you will need to show documented evidence that you have spent the money in accordance with the grant terms and conditions during and/or at the end of the grant term.

## Income Threshold Eligibility

### Income Received

**Single**

**No children**

**Couple combined**

**No children**

**Single**

**1 dependent child**

**Couple combined**

**1 child**

**For each extra dependent child, add**

per week

\$1,153



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\$1,808

\$1,808

\$1,854

\$46.75

per fortnight\$2,306\$3,616\$3,616\$3,616\$93.5

### Grant type

#### Grant available

#### Who is eligible

#### What is covered

#### Other criteria

#### Level of assistance

#### Replacement of Household Items Grant

Low income households

Replacement and/or repair of essential household items destroyed or damaged

Must have suffered a loss or destruction of essential household goods and items

Up to \$11,450 calculated on the value of items damaged or destroyed

#### Repair and Restoration Grant

Low income home owner and occupier of the principal place of residence

Assists with the re-establishment of a person's principal place of residence to a basic minimum standard

May be applied to repair, rebuild, clean up or re-establishment costs

Up to \$11,450 calculated on the cost of restoration activities.

Please refer to the table above, you may apply for one or both grants in relation for your principal place of residence.

#### Please select the grant(s) you are applying for under the application. \*

☐ Replacement of Household Items Grant

☐ Repair and Restoration Grant

Please note that you will need to supply evidence to support your claims against each grant you apply for.



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### IMPORTANT NOTE

To determine the outcome of your application a Tasmanian Government representative may visit your residence to review the damage to your property and/or essential household items.

The Department of Premier and Cabinet may also engage third parties to assist in undertaking an assessment of claims made in this application form.

By **submitting an application**, you are agreeing to allow access to your property and for appointed third parties and/or Tasmanian Government employees to undertake an assessment of your claims made under this application.

### WHO IS ELIGIBLE TO APPLY?

#### **Replacement of Household Items Grant**

Those individuals or households whose principal place of residence is uninhabitable or severely damaged as a result of the August/September floods and storms and have suffered loss or damage to household items are eligible to apply.

#### **Repair and Restoration Grant**

This grant is available to those individuals or households who own and occupy a property as their principal place of residence that has been made uninhabitable or is severely damaged as a result of the August/September 2024 severe weather and flooding.

### Eligibility check

Please ensure that you have read all information detailed above before continuing.

**I have read and understood the eligibility criteria for the Recovery and Restoration Grant. \***

☐ Yes

### Applicant

\* indicates a required field

### Emergency event location

Please provide the local government area of your residence affected by the emergency event that led to your need for this grant.

**Local government area of affected area \***



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Please select the local government area of your principal place of residence

**Is this application form being completed at a recovery, evacuation, Service Tasmania or authorised support centre such as a local neighbourhood house? \***

☐ Yes

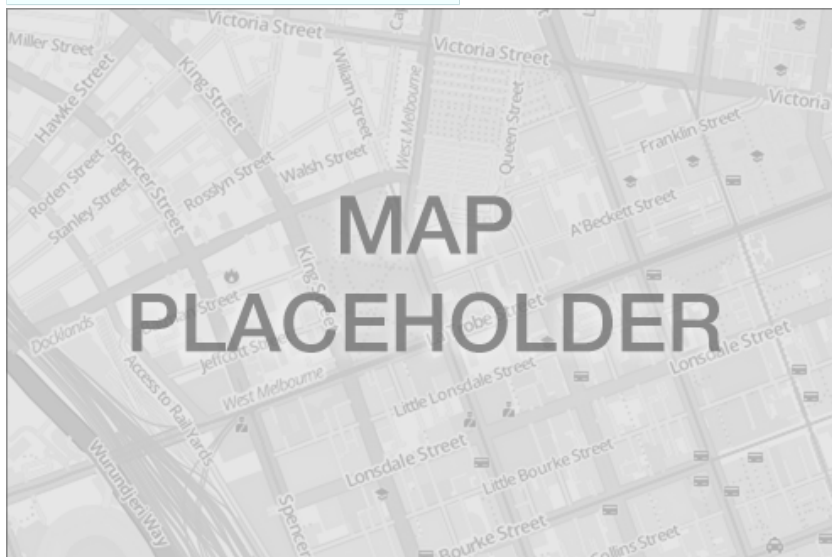
☐ No

### Location of Support Centre

Please enter the address of the place that this application form is being completed at.

**Address of the support centre \***

Address

### Applicant details

Please enter your details in the section below.

The Department of Premier and Cabinet (DPAC) pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

Please note by submitting this request you:

- are agreeing to allow DPAC to share your information for the purposes of assessing and processing your request, and
- acknowledge that some information in relation to this request such as the your name, funding purpose, amount, location and any other details the department may consider appropriate will be made public as part of a fair and transparent process when disbursing public funds.



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### Name \*

Title First Name Last Name

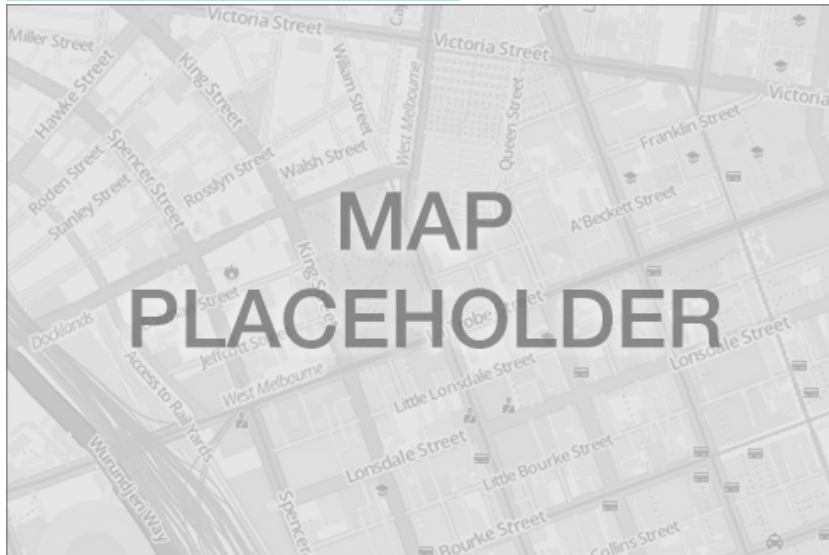
Please enter your name as shown on your identification evidence

### Date of birth \*

Must be a date.

### Residential address - please provide your full street address, e.g. 29 Emergency Lane, Hobart Tasmanian 7000 \*

Address



Please provide the address of your principal residence at the time of the emergency event

### Primary phone number \*

You must provide a phone number that you can be contacted on (landline or mobile). Please include the area code in brackets if using a landline, e.g. (03)12345678

### Email address \*

Please enter a valid email address so we can send you application confirmation and update emails

## Ownership of Property

### Are you the Landowner or Leaseholder of the Property? \*

☐ Landowner ☐ Leaseholder

This will be verified from the Land Information System Tasmania (theList).



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### Is this your primary residence? \*

☐ Yes

☐ No

Do you live at the claiming address?

### Bank account details

Subject to your application being approved, payment of the grant will be made by direct deposit into the applicant's nominated bank account. If your bank uses OSKO you will receive your payment even sooner. To check if your bank uses OSKO check at [Search for your Bank to Get Started - Osko by BPAY](#)

Please note, incorrect bank details will delay the payment of the grant.

### Bank account \*

Account Name

BSB Number

Account Number

BSB will be validated and must be 6 numbers only

### Identification

#### Identification Requirements

Current Identification and supporting documentation must be provided.

You will be asked to attach various evidence and documentation, including:

- Photo Identification
  - Driver's Licence
  - Personal Information Card (Tasmanian Government)
  - Working with Vulnerable People Card
  - Passport
  - Other licence showing your identity (photo, name and date of birth).
- Proof of Address
  - Rates notice
  - Utility bill
  - Bank statement
  - Centrelink statement or letter
  - Other formal letter showing your name and address.
- Family members
  - Medicare Card
  - Individual family members identification may be required.

You **must** provide evidence of your identification and current residential address. Please select your identification type(s) below that you are providing with your application.

**Note - Your Tasmanian driver's licence or Personal Information Card is the quickest and simplest form of evidence to verify your identification and residential address.**

### IMPORTANT



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Your application **MUST** include evidence of your identification that shows a photo of you, your full name and date of birth. If you do not have current photo identification you may be required to attend a [Service Tasmania Shop](#) and meet an alternative identification check.

### Photo Identification \*

- ☐ Tasmanian drivers licence
- ☐ Tasmanian Government Personal Information Card
- ☐ Working with Vulnerable People Card
- ☐ Passport
- ☐ Other:

- ☐ No photo identification available

At least 1 choice must be selected.

Providing photo identification will assist us process your application quicker

### Photo identification evidence

Please include a copy of the **front and back** of your Tasmanian Driver's Licence or your Personal Information Card.

### Photo identification attachments \*

Attach a file:

Please attach identification and residential address evidence

### Address evidence

#### Address Evidence - must be current or not more than 6 months old. \*

- ☐ Utility bill (power, water, gas)
- ☐ Council rates or notice
- ☐ Banks statement or letter
- ☐ Services Australia (Centrelink) letter or statement
- ☐ Pension Concession Card
- ☐ Other:

At least 1 choice must be selected.

MUST show your name, address and not be dated longer than 6 months ago.

### Please provide your address evidence documentation \*

Attach a file:

### Residential Address comments - Optional

Please use this section to advise of any relevant information in relation to your current residential address.

### Household members



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Please detail the number of people living in your household impacted by the emergency event.

**Number of adults living in your household (18 and over) \***

Number of adults (18 and over) living in the principal residence. Please enter 0 if none.

**Total adults and children living at your household.**

This number/amount is calculated.

**Number of children living in your household (Under 18) \***

Number of children (Under 18) living in the principal residence. Please enter 0 if none.

## Medicare details

Your Medicare Card number is required as evidence of family composition..

**Please enter your Medicare number \***

Must be 10 numbers with no spaces

**Please provide a copy of your Medicare Card \***

Attach a file:

## Family and household member details

Please enter the full name and age of the family or household members that are being included in this application.

You can add more family members by clicking the 'Add More' button.

**Full name**

**Age**

Please enter Full name	Please enter Age in Years. Enter "1" if child is less than 12 months.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Your income

This section will help you calculate your income.

**Please include the weekly average amount you have received over the last 6 months.**

**Income description**

**\$ Weekly (before tax)**

	Must be a dollar amount.
Wages from employment	<input type="text"/>
Pensions, government income and allowances	<input type="text"/>
Other	<input type="text"/>



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### Total of your weekly income

Your Weekly Income Amount

This number/amount is calculated.

Please include a copy of your Services Australia Statement and/or payslips as evidence to support your income. \*

Attach a file:

### Household income

This section will assist you calculate the total income for the other members of your household.

**Please ensure you only include income for all members living in the household (not including you) and include the weekly average amount your household members have received over the last 6 months.**

**Income**

**\$ Weekly (before tax)**

Wages from employment	
Pensions, government income and allowances	
Other	

### Total weekly income for other household members

Household members weekly income amount

This number/amount is calculated.

Please include a copy of their Services Australia Statement and/or payslips as evidence to support their income. \*

Attach a file:

### Total weekly income for the entire household

**Total income for your household**

This number/amount is calculated.

## Grants Details

\* indicates a required field

### Evidence of damage

**Please briefly describe the damage to your principal place of residence and/or your essential household items due to the severe weather event. \***

**Please include photo's or other evidence that shows the damage to your principal place of residence and/or essential household items. \***

Attach a file:



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### Replacement of Household Items Grant

This grant is to assist with the replacement of essential household items damaged or destroyed where these costs cannot be met from the applicant's own resources.

Grants are made available on the basis of need and are not a replacement for insurance or compensation for losses.

**\$7,490 (plus \$1,250 per household member up to a maximum of \$11,450)** can be paid for the replacement of household items.

### Replacement of essential household items value

Please include the items you are claiming for under this grant and include an actual or estimated replacement cost.

Household item description	\$ Replacement cost	Quote or invoice
	Must be a dollar amount.	

Total household items replacement cost

**Total household items amount**

This number/amount is calculated.

Requested Grant Amount

**This will be your requested amount for the Replacement of Household Items Grant:**

This number/amount is calculated.

Maximum Grant Amount

**Please note that your Replacement of Household Items Grant is capped at**

This number/amount is calculated.



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### Maximum Grant Amount

**Please note that your Replacement of Household Items Grant is capped at**

This number/amount is calculated.

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This number/amount is calculated.

### Maximum Grant Amount

**Please note that the Replacement of Household Items Grant is capped at**

This number/amount is calculated.

### Repair and Restoration Grant

This grant is to assist with the re-establishment of a principal place of residence to a basic, minimum standard to allow it to be inhabited. The grant is not designed to assist with returning the property to its full pre-disaster condition.

Grants are made available on the basis of need and are not a replacement for insurance or compensation for losses.

For those applicants that are unable to repair/rebuild properties these grants may be used to assist with other clean up and re-establishment costs.

### Repair and restoration value

Please include the items you are claiming for under this grant and include an actual or estimated repair or restoration cost.

**Repair and restoration  
description**

**\$ Estimated cost**

**Quote or invoice**

	Must be a dollar amount.	



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Total repair and restoration value

**Total repair and restoration amount**

This number/amount is calculated.

Requested Grant Amount

**This will be your requested amount for the Repair and Restoration Grant:**

This number/amount is calculated.

Maximum Grant Amount

**Please note that the Repair and Restoration Grant is capped at**

This number/amount is calculated.

Insurance

**Do you have an insurance policy for your home and/or contents \***

- ☐ Yes
- ☐ No
- ☐ Yes, however insufficient coverage

Insurance documentation

Please provide a copy of the Insurance Policy showing your details, the details of the property insured and the term of insurance coverage (Certificate of Currency) along with a Product Disclosure Statement extract or correspondence from your Insurer.

**Who is your insurance provider? \***

**Policy Number \***

**Please attach your insurance policy \***

Attach a file:



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**Have you made a claim or contact with your insurance provider? \***

☐ Yes

☐ No

**You must lodge a claim against your insurance policy**

You must lodge a claim against your policy with respect to any loss or damage you have suffered.

To be eligible for the grant, you must certify that you are ineligible to claim insurance, your insurance has been refused or that the insurance will not cover all the costs.

Grants will only be considered in cases where insurance does not adequately cover costs.

## Insurance Correspondence

To be eligible for the grant, you must certify that you are ineligible to claim insurance, your insurance has been refused or that the insurance will not cover all the costs.

**Please include any detail in relation to contact with your insurance provider or your policy cover here. \***

Please also advise if you're still pending the outcome of your insurance claim.

**Please include any correspondence with your insurance company to show that you are not eligible of all or part of the damage under your policy,**

Attach a file:

## Total Grant Requested

**What is the total financial support you are requesting in this application?**

This number/amount is calculated.

## Declaration statement

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if my request is approved for funding, this request and any subsequent documentation in relation to this funding will form the terms and conditions of the funding provided.**

**I agree to cooperate with the department to provide any additional information on request that relates to this grant, and for appointed third parties and/or Tasmanian Government employees to access my property or undertake an assessment of the claims made under this application.**



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**I authorise officers of the Tasmanian State Service to make any enquiries thought necessary to verify the information I have provided.**

**I understand that if this claim is fraudulent, it will be reported to the relevant authorities.**

**By selecting Yes and submitting this request, I agree to the above declaration statement. \***

☐ Yes

### **Additional Comments - Optional**

Please provide any additional comments you may have in relation to this application

### **Additional supporting evidence - Optional**

Attach a file:

You can attach any additional information here to support your application.

## Applicant Feedback

Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

☐ Very Easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very Difficult

**How many minutes in total did it take you to complete this application?**

Must be a number.

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

## Ineligible Application

### Failed Income Test

Unfortunately, your income does not meet the income test for this grant program. The income thresholds are listed as below.

#### **Income Received**

**Single**

**No children**



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**Couple combined**

**No children**

**Single**

**1 dependent child**

**Couple combined**

**1 child**

**For each extra dependent child, add**

per week

\$1,153

\$1,808

\$1,808

\$1,854

\$46.75

per fortnight\$2,306\$3,616\$3,616\$3,616\$93.5

### Not the Homeowner

The **Repair and Restoration Grant** is only available to those individuals or households who own and occupy the property as their principal place of residence that has been made uninhabitable or is severely damaged as a result of the August/September 2024 severe weather and flooding.

### Not Principal Place of Residence

The **Repair and Restoration Grant** is only available to assist with the reestablishment of your principal place of residence.

If you have also submitted for the Replacement of Household Items Grant it will be assessed and reviewed separately.