

# Premier's Disaster Relief Appeal Application form

February 2009

Private and confidential

**As a result of the Premier's Disaster Relief Appeal to assist people affected by the Northern and North West Queensland monsoonal flooding and Tropical Cyclones Charlotte and Ellie, Australian Red Cross, on behalf of the Queensland Government, is administering the payment of donated funds to those directly affected.**

To be considered for a payment you should live in the storm affected area and:

- have suffered damage to your place of residence, or to your personal belongings and household goods, as a result of the storms and associated flooding. Assistance from this appeal is NOT being provided to businesses, people with investment properties or community groups.

To apply for this assistance please fill out the attached **Application Form** and **Privacy Statement** and post to:

**Australian Red Cross**, Premier's Disaster Relief Appeal, Reply Paid 1822, MILTON BC QLD 4064  
(no stamp is needed if posted to this address)

A letter acknowledging the receipt of your application will be posted to you within 14 working days. If you do not receive an acknowledgment letter within this time please phone **1800 733 111**. If you are posting your application near the closing date please call us on 1800 733 111 to confirm receipt of your application.

Priority for the distribution of funds will be given to those individuals and families in the most urgent need of assistance.

**Applications for funding close 5pm Monday 13 April 2009.** All funding applications are confidential.

Only one application per household will be accepted.

## Premier's Disaster Relief Appeal – Application form information sheet

- Please submit only one application per household or affected address. There is provision to make separate claims on the one application form if you have unrelated occupants of a household who have suffered losses in this disaster.
- Do not hesitate to ask for help to fill out the application form or please phone 1800 733 111 for assistance.
- If you need to provide additional information, please attach extra sheets to the application.
- Applications forms posted to the following address do not need a stamp  
**Australian Red Cross**, Premier's Disaster Relief Appeal, Reply Paid 1822, MILTON BC QLD 4064
- Priority in the first instance will be given to those most in need.
- If you have already received an emergency relief payment from the Department of Communities or payment/s from other government agencies it does **NOT** mean you are disqualified for receiving funding from this appeal. So please submit an application.
- Funds will be distributed as personal hardship assistance and are not intended to compensate for losses.
- In some instances Red Cross may require a statutory declaration to verify the information you have supplied.
- All information will be treated confidentially. If there is a need to send your information to another agency, we will seek your permission before doing so.
- All applications will receive an acknowledgement letter within 14 days. If you do not receive a letter please phone 1800 733 111 to ensure that your application has been received. If you send your application near the closing date please phone us on 1800 733 111 to confirm we have received it.
- All applications will be assessed by a committee made up of Red Cross Board Members and senior staff and senior staff from the Department of the Premier and Cabinet.
- If you have concerns about the process or decisions made regarding your application, please detail these in writing and send to the Executive Director, Australian Red Cross, PO Box 1822 Milton, Brisbane 4064.

**PLEASE REMOVE THIS PAGE AND KEEP FOR YOUR INFORMATION**

Property address of affected property:

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Do you have more than one person or family living at the affected property who wish to apply for assistance separately?

YES  NO

For individuals, couples, or families living together at the affected property please complete all questions for applicant one, you are not required to complete the section for applicant two.

If you have unrelated parties co-locating at the affected property (eg. boarders, flatmates, or financially independent family members or families) please complete separate claims under applicant one and applicant two.

If you have more than two separate applicants please attach additional sheets that provide all information required.

## Applicant one

### Personal details

Mr / Mrs / Ms / Miss Name:

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Postal address (for correspondence):

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Contact numbers: (H)

(Mob)

(W)

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Email:

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Our preferred method of payment is direct deposit into your bank account as this will provide you with immediate access to your funds. What is your preferred method for receiving payment? (please tick)

Cheque to postal address  Direct deposit into your bank account

Account name:

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Name of bank:

Branch name:

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Account number:

Branch or BSB number:

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### Information required to assess your application (please add additional sheets if necessary)

#### 1. Provide details of damage or loss

Did flood water enter your house or place of residence?

YES  NO

Has your house or place of residence been damaged due to other circumstances?

YES  NO

If Yes please provide details of how the damage occurred:

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What areas of your house were affected (eg. lounge, kitchen, bedrooms)?

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What electrical or furniture items were damaged?

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Did you have structural damage?

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2. Are you:  the owner occupier  a tenant renting the property  other (please explain)

3. Please list all of the people normally living at this address

Surname	First name	Relationship to applicant	Age
		self	

4. What was your approximate household income for last year? (please tick appropriate box)

Under \$30,000  \$30,001 to \$60,000  \$60,001 to \$90,000  Over \$90,000

5. Has the main source of income for the household been affected? If so how? (please describe)

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**6. We understand that some households that are insured still face some immediate needs, having insurance does not mean that you are ineligible for this assistance. Please provide details of your insurance cover.**

- House insurance?  YES  NO  
Contents insurance?  YES  NO  
Will this insurance cover your losses?  YES  NO (if no, please provide details)

**7. Please describe any special hardship circumstances or needs that would assist us in assessing your application.**  
(add an extra sheet if necessary)

**8. As a result of the flooding, what are your family's most urgent needs including any outstanding bills?**  
Please describe with \$ amounts (this information is to be used to assess your immediate situation and is not necessarily related to the amount you may receive).

Details	Amount needed (\$)
Food and clothing	
Repairs or replacement of household goods and personal effects (TV, fridge, washing machine etc)	
Repairs to house (structural – walls, roof, floor coverings, etc.)	
Other expenses or bills	

I declare that the information provided is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Red Cross may require a Statutory Declaration in certain circumstances to verify all details provided are correct.

**PLEASE PROCEED TO THE FINAL PAGE OF THIS DOCUMENT AND COMPLETE THE PRIVACY STATEMENT**

# Applicant two

## Personal details

Mr / Mrs / Ms / Miss Name: \_\_\_\_\_

Postal address (for correspondence):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact numbers: (H) \_\_\_\_\_

(Mob) \_\_\_\_\_

(W) \_\_\_\_\_

Email: \_\_\_\_\_

Our preferred method of payment is direct deposit into your bank account as this will provide you with immediate access to your funds. What is your preferred method for receiving payment? (please tick)

Cheque to postal address

Direct deposit into your bank account

Account name: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Branch name: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch or BSB number: \_\_\_\_\_

## Information required to assess your application (please add additional sheets if necessary)

### 1. Provide details of damage or loss

Did flood water enter your house or place of residence?  YES  NO

Has your house or place of residence been damaged due to other circumstances?  YES  NO

If Yes please provide details of how the damage occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas of your house were affected (eg. lounge, kitchen, bedrooms)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What electrical or furniture items were damaged?

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Did you have structural damage?

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2. Are you:  the owner occupier  a tenant renting the property  other (please explain)

3. Please list all of the people normally living at this address

Surname	First name	Relationship to applicant	Age
		self	

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House insurance?  YES  NO

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Will this insurance cover your losses?  YES  NO (if no, please provide details)

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Please describe with \$ amounts (this information is to be used to assess your immediate situation and is not necessarily related to the amount you may receive).

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Repairs to house (structural – walls, roof, floor coverings, etc.)	
Other expenses or bills	

I declare that the information provided is true and correct.

Signature

Date

Red Cross may require a Statutory Declaration in certain circumstances to verify all details provided are correct.

**PLEASE PROCEED TO THE FINAL PAGE OF THIS DOCUMENT AND COMPLETE THE PRIVACY STATEMENT**

## Privacy statement

### I understand that:

- Australian Red Cross is collecting information on this form for the purposes of determining my/our eligibility for financial assistance.
- This information will be shared with relevant parties only for the purposes of evaluating my/our eligibility.
- If I am unable to provide this information upon request, Red Cross will be unable to process my application.
- Red Cross may need to verify these details, and this may involve contacting local councils, government and non-government departments and agencies.
- When I provide Red Cross with information about other individuals (eg. names of people normally living at your address), Red Cross relies on me to make those individuals aware that such information has been provided to Red Cross as part of the application process.
- The information may be cross-checked with other applications.

### I agree with the stated purpose (please tick)

YES  NO

YES  NO

### Applicant one

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Applicant two

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_