

Premier's Disaster Relief Appeal Application Form

February 2012

Private and Confidential

As a result of the Premier's Disaster Relief Appeal to assist people affected by the 2012 Regional Queensland Floods, 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 flood affected area and have suffered damage to your place of residence, or to your personal belongings and household goods, as a result of the flooding. Assistance from this appeal is NOT being provided to businesses, community groups or for damage to investment properties.

To apply for this assistance please fill out the attached **Application Form** and **Privacy Statement**, **attach other documents requested** 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 acknowledgement letter within this time please phone 1800 901 933.** If you are posting your application near the closing date please call us on **1800 901 933** to **confirm receipt of your application.**

Applications for funding will close on Friday, 16 March 2012. 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 901 933** for assistance.
- If you need to provide additional information, please attach extra sheets to the application.
- Application 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
- If you have already received an emergency relief payment from the Department of Communities or payment/s from other Government Agencies you are still entitled to apply for funding from this appeal.
- 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 applications will be assessed by an independent committee.
- 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

ADDRESS OF AFFECTED PROPERTY: Please provide a copy of **one** document to verify your current address e.g. Driver's Licence, Rates Notice, or Electricity Account

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Individuals, couples, or families living together at the affected property are only required to complete the section for Applicant 1.

If there are unrelated parties co-locating at the affected property (e.g. Boarders, flatmates, or financially independent family members or families) each party can apply separately using Applicant 1 and Applicant 2. If you have more than two separate applicants please attach additional sheets that provide all information required.

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

- NO Please complete all questions for Applicant One including **privacy statement**, you are not required to complete the section for Applicant Two.
- YES Please complete all questions for Applicant One and Applicant Two including both **privacy statements**. Attach additional sheets and a copy of the **privacy statement** for additional applicants.

APPLICANT ONE

PERSONAL DETAILS

Mr / Mrs / Ms / Miss First Name: _____ Last 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.

Account Name: _____

Name of Bank: _____ Branch Name: _____

Branch or BSB Number: _____ Account Number: _____

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

1. Did flood water enter your house or place of residence? Yes No

If Yes, please list which rooms were affected and describe the damage to each room:

What electrical or furniture items were damaged?

Did you have structural damage to your home or dwelling?

Please describe any other damage suffered due to the flood that is not included above

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.

Please attach a **copy** of your **Medicare Card** to verify number of dependants.

Surname	First name	Relationship to applicant	Age
		self	

4. What was the 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 by the flood event? If so how? (please describe)

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?

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 (\$)
Repairs or replacement of household goods and personal effects (Please describe)	
Repairs to house (Please describe)	
Other Expenses (Please describe)	

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 NEXT PAGE OF THIS DOCUMENT AND COMPLETE THE PRIVACY STATEMENT

Please complete this 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

APPLICANT ONE

Name: _____

Signature: _____

Date: _____

CHECK LIST (Please tick)

- Have you described how damaged occurred at your home or dwelling – See Question 1.
- Application has been signed as true and correct (following Question 8)
- Privacy Statement has been signed
- Copy of rates notice, electricity account or driver's licence is enclosed to verify address
- Copy of Medicare Card is enclosed to verify number of dependants

Applicant Two

PERSONAL DETAILS

Mr / Mrs / Ms / Miss First Name: _____ Last 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.

Account Name: _____

Name of Bank: _____ Branch Name: _____

Branch or BSB number: _____ Account number: _____

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

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What electrical or furniture items were damaged?

Did you have structural damage to your home or dwelling?

Please describe any other damage suffered due to the flood that is not included above?

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

Please attach a **copy** of your **Medicare Card** to verify number of dependants

Surname	First name	Relationship to applicant	Age
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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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- The information may be cross-checked with other applications.

I agree with the stated purpose

APPLICANT TWO

Name: _____

Signature: _____

Date: _____

CHECK LIST (Please tick)

- Have you described how damaged occurred at your home or dwelling – See Question 1.
- Application has been signed as true and correct (following Question 8)
- Privacy Statement has been signed
- Copy of rates notice, electricity account or driver's licence is enclosed to verify address
- Copy of Medicare Card is enclosed to verify number of dependants