Homeowner Information Form - Resilient Homes Program

* indicates a required field

Before you begin

Information requested in this form will help the New South Wales Reconstruction Authority (NSW RA)assess eligibility for voluntary Home Buyback as well as Home Raising and Home Retrofit under the Resilient Homes Program (RHP).

Please fill in all the mandatory sections (as marked with an *), and the remaining sections to the best of your knowledge.

We're here to help. If you need any assistance completing and/or returning this form, please contact us on 1800 844 085 or resilienthomesprogram@reconstruction.nsw.gov.au

If you require accessible resources to complete this form please call 1800 844 085

Privacy confirmation

You are providing this personal information so that the New South Wales Reconstruction Authority can process your application.

This information will only be used to process your application for the Resilient Homes Program, but otherwise will be kept private and confidential. It will be stored and protected appropriate to the sensitivity of this information and will not be used for any other purpose without your prior consent.

Your personal information will only be shared between the New South Wales Reconstruction Authority, its employees, contractors and other services providers, and other NSW Government agencies, for the purpose for which you have provided it. The New South Wales Reconstruction Authority will not disclose your personal information to anybody else unless required or authorised by law, such as by court order.

The New South Wales Reconstruction Authority will store and protect your personal information for record keeping purposes. Subject to any other legal requirements regarding information retention, your information will be retained for seven years.

More information

This privacy notice applies only to the information you are providing in this form. If you would like to know more about how the New South Wales Reconstruction Authority meets its regulatory obligations in collecting, using, sharing and storing personal and health information, you can read their complete Privacy Policy or Privacy Management Plan on Privacy policy - Department of Regional NSW | NSW Government.

You have the right to access your personal information held by or on behalf of the New South Wales Reconstruction Authority, without excessive delay or expense. You also have the right to have your personal information corrected if it is inaccurate or out-of-date.

If you would like to access or correct your personal information, please contact the New South Wales Reconstruction Authority by emailing info@reconstruction.nsw.gov.au

You may also contact the New South Wales Reconstruction Authority if you have any questions about this privacy notice.

Resilient Homes Program Application Form

Background

Personal information

Personal information is any information or an opinion about an individual whose identity is apparent or can reasonably be ascertained.

Health information

Health information is a specific type of 'personal information' which may include information about your physical or mental health or disability. It includes information you provide to a health organisation, information about any health services you receive or have received in the past, and certain organ donation and genetic information.

Privacy and Personal Information Act 1998

NSW Government Agencies must comply with the Information Protection Principles (IPPs), which are outlined in the *Privacy and Personal Information Act 1998* (PPIP Act). These regulate the collection, storage, use and disclosure of personal information held by Government Agencies.

Health Records and Information Privacy Act 2002

NSW Government Agencies, public and private health organisations and providers and large businesses that hold health information must comply with the Health Privacy Principles (HPPs), which are outlined in the *Health Records and Information Privacy Act 2002* (HRIP Act). These regulate the collection, storage, use and disclosure of health information.

Privacy confirmation
☐ I confirm that the information I will provide is directly relevant to the completion of
this form, and if I provide the personal information of another person, I have obtained that
person's consent to do so and to submit this form. Please read the privacy collection notice
for more information about how we handle your information.

Resilient Lands Program

Drivacy confirmation *

The Resilient Lands Program is part of a suite of measures the NSW RA is coordinating to deliver a sustainable supply of suitable land to deliver housing options in the Northern Rivers. The program is being delivered alongside the Resilient Homes Program.

Click here for more information on the Resilient lands program

Unce this application is as: Homes Program - Home Bu	•	•	e eligible for the Resilient e interested in the Resilien
Lands Program?			
⊃ Yes		○ No	
f yes we will be in touch to ask fo	or some more info	ormation to help u	us help you
Would you prefer to stay would of the region?	vithin Norther	n Rivers Regio	on or are you likely to move
Stay within Northern Rivers	Region	○ Move out o	f Northern Rivers Region
Would you like to receive i ○ Yes, by phone	nformation ab		ent Lands Program?

Part A - Ownership and contact details

*	ind	icates	а	rea	uire	d fi	eld
---	-----	--------	---	-----	------	------	-----

Who owns the prope ○ Private individual	e rty? * O Private indi multiple	viduals -	 Commercial or business enterprise
Private individual			
Homeowner * O Individual Organisation Name	○ Organisation		
First Name	Last Name		
Please use your legal nan	ne as per the title deed a	nd/or drivers licen	ice

Affected property being registered for RHP * Address



This address should be the residence where funding is being requested

Please copy the latitude from above into the box below. *

The negative number on the left

Please copy the longitude from above into the box below. *

The positive number on the right	
Is the property address in one of Ballina Byron Clarence Valley Kyogle Lismore Richmond Valley Tweed Please select the LGA as listed above.	of the following LGAs? *
Is this property over multiple lo additional lots below.	ots? If yes please enter the Lot/DP for any
○ Yes	○ No
Additional Lot/DP information	
·	
Homeowner Postal Address * Address	
Please select "same as above" if you ar RHP. If you are residing at a different a	re residing in the home affected that is being registere address, please advise.
Homeowner Phone Number	
Must be an Australian phone number.	
Homeowner Mobile Phone Num	ıber
Must be an Australian phone number.	
Homeowner Email	
Must be an email address.	
Homeowner Date of birth	
DD/MM/YYYY	
ו ו ו וויווייוןטט	
Who is the main contact the RA O As above	A should contact about this property? * Other
	<u> </u>
Ineligible LGA	

Would you like to continue with this application? *

The property address you have listed is outside of the identified LGAs for **Resilient Homes Program.** At this time, your property is not eligible for funding under the program. If you wish to continue with your application please note that only properties in the identified LGAs will progress to assessment.

Private	individuals (m	nultiple)
Please ad the title d		dditional individual's details for all homeowners represented on
Homeow	ner *	
Title	First Name	Last Name
Affected Address	property being	registered for RHP *
Miller Street Little Street Acode Street State Street	PLACE	Victoria Street Victoria Street
	Wet Mebourne	Little Lonsdale Street Sodale Street Little Bourke Street

Is this property over multiple lots? If yes please enter the Lot/DP for any additional lots below.

Suburb/Town, State/Province, Postcode, and Country are required.

0	Yes

 \bigcirc No

O No

Additional Lot/DP information

Postal Address Address
Phone Number
Must be an Australian phone number.
Mobile Number
Must be an Australian phone number.
Date of birth
dd/mm/yyyy
Email
Must be an email address.
Nominated Other Contact *
Title First Name Last Name
Relationship to Homeowner *
Nominated Other Contact Postal Address * Address
Nominated Other Contact Primary Phone Number *
Must be an Australian phone number.
Nominated Other Contact Primary Email *
Must be an email address.

Home ownership details

Please proveasements		r relevant home	ownership details	(e.g. leases, licences o
for payment. a certain way property to so	Licences: permis without transfer	ssion granted by the of interest or owners se a specific portion	owner of the property rship. Easements: right	period of time in exchange to someone else to use it in granted by the owner of the specific purpose, such as, a
Please prov Attach a file:		oorting documen	tation	
Please use na	ming conventior	n of: . File must be P	DF.	
Does the h ○ Yes	omeowner ha	ove a Power of A	ttorney in place? *	Not sure
O Yes Please note, le stream you m	egal representat ay wish to have	O No ion is not required a a solicitor review th	t this stage. If you are	Not sure eligible for RHP Buy-back d will need a conveyancer to
Power of A	Attorney de	etails		
Name * Title Fir	rst Name	Last Name		
Postal addı Address	ress *			
Email *				
Must be an en	nail address.			
Phone Num	ıber *			
Must be an Au	ustralian phone r	number.		
	or the homeo		provides evidence on the property title *	of the Power of
Please use na	ming convention	n of: . File must be P	DF.	

Legal Representation details

Name *	E' . N				
Title	First Name	Last Name			
Dootel A	-l -l				
Postal Address	aaress *				
Email *					
Must be ar	email address.				
Phone N	umber *				
Much be an	Australian share :	umbor			
Must be ar	n Australian phone n	lumber.			
Part B	- Property de	etails			
indicate	s a required field				
\\\bat\:a		was with a constant for wh	n ¥		
	the property pri e residence OF		↑ Tourist / visitor	Other:	
	· ·	3	accommodation		
Please sele	ect one.				
Is the pr	operty used for	a secondary nu	rnoso?		
Yes	operty used for	a secondary pu	O No		
What typ ○ House	oe of home is it?	• ∗ Jnit/	ar ∩ ∩ Carava	n ○ Cabin	Other:
O House	Townhouse apa		Manufactured	IIO Cabiii	O Other.
If other pla	ann provide detaile		home		
ii otner ple	ease provide details				
	ny levels is/was				
☐ On gro	ound Split lev	el 🗆 2 storey 🗆	☐ Multi level ☐ Stilted	d	
Julei					
Please cho	ose all that are app	licable			
	a a a. a. a app				
What ye	ar was the home	e built			
approxima	te year or decade				

	our house construction	
	standing/ detached □ □ Modern □ Colonia	Semi detached Queenslander Pre
Other		
Please choose all that are	e applicable	
Has the property be	en listed for sale or i	rent in the past five years?
○ Yes		○ No
When was the prope	erty last sold?	
Who sold it?		
What person/s or compare company, other)	nies were involved in that	property sale (e.g. family members, business
-	y planning approvals	, restrictions, or requirements for your
property? O Yes	○ No	○ Unsure
Have you undertake ○ Yes	en any House Raising	or Retrofit works? ○ No
Pre flood home in	ıformation	
		atory but will assist us in determining your RHP re assessed as eligible for one of the streams.
What is/was your ho	ouse foundation cons	truction?
☐ Concrete footings		Timber posts □ Steel piers □ Pier & beam
Other		
Please choose all that are	e applicable	
		r house constructed from? /eatherboard
Please choose all that are	e applicable	
What is/was the roo	f construction?	
☐ Terracotta tile ☐ Other	Concrete tile Corru	gated iron Asbestos cement
Please choose all that are	e applicable	

What are/wer ☐ Aluminium Other			frames mad	e from in your	house?
Other					
Please choose all	I that are appli	cable			
		er system in yo ar 🗆 Fuel 🗆			
•		were in your l	nouse?		
0 1	○ 2	○ 3	O 4	○ 5	More than 5
		c overings in yc per □ Marble/S		yl □ Floating f	loor □ Concrete
Please choose all	I that are appli	cable			
☐ Study ☐ ☐ Sleepout ☐ P	Dining room □ layroom □ rport □ Pati	Parents retreat o □ Veranda	☐ Sunroom ☐ Gym ☐	he list below Office () 9 Attic () Home entertaining area	theatre \square
	□ Ensuite □			rroom □ 2 wa	y bathroom 🛚
Please choose all	I that are appli	cable			
☐ Full kitchen Wall cupboards Laminated be	☐ kitchene ☐ Floor cu nchtop ☐ G	pboards Pairanite benchtop	d appliances ntry	e? □ European a ers pantry □ D penchtop □ Til Wood burning	ishwasher □ e benchtop □
Please choose all	I that are appli	cable			
	undry 🗆 Inte	configuration i ernal laundry 🗆			aundry in kitchen
Please choose all	I that are appli	cable			

What heating/cooling do/did you have in your house?

☐ Wall mounted air conditioning ☐ Ducted air conditioning ☐ Evaporative cooling ☐ Ceiling fan ☐ Gas point heating ☐ Gas ducted heating ☐ Fireplace ☐ Underfloor heating Other
Please choose all that are applicable
Are there any other features you would like us to be aware of? □ Built in robes □ Walk in robes □ High ceilings □ Ornate ceilings □ Raked ceilings □ Period ceiling □ Decorative cornices □ Ceiling roses □ Double glazed windows □ Skylights □ Internal lift □ Accessibility inclusions such as ramps □ Bar □ Swimming pool □ Tennis court Other
Please choose all that are applicable
Are there any other features that are not listed above?
Please proved as much detail as possible.
Home has undertaken Home Raising or Retrofit works
If yes, please provide available photos or documentation.
Attach a file:
Please use naming convention of: OR . If uploading a document, please note this file must be a PDF and naming convention
Secondary purpose type
Please advise secondary purpose of the property registered for RHP ☐ Farming ☐ Tourist/visitor accommodation ☐ Private residence ☐ Other:
Multiple options can be selected
Details of planning approvals
If you do not have details if planning approvals at the time of application submission, this information can be provided at a later date.
Please provide details of planning approvals, restrictions or requirements

Please upload any supporting documentation

Attach a file:	
Please use naming convention of: . File must be P	DF
ricase ase naming convention on the mast ser	
Do you have access to photos showing texternal) before the flood event? * Yes	the property and home (internal and
	_
Photos of property before flood ev	ent
Please clearly label your photos so that it is croom is depicted.	clear if the photo is pre or post flood and what
eg: Pre Flood - main bedroom, front of house	, ensuite, main bathroom etc.
eg: Post Flood - main bedroom, front of hous	e, ensuite, main bathroom etc
Please upload photos showing the prop before the flood event Attach a file:	erty and home (internal and external)
Please use naming convention of: .	
Part C – February and March 202	22 flood property damage
* indicates a required field	
Was the home directly impacted by floo 2022 flood event? *	d waters from the February and March
○ Yes	○ No
	dslip as a result of the February and March
2022 flood event? * O Yes	○ No
Did the location of the home move as a ○ Yes	○ No
e.g. the house was carried by flood waters to the	rear of the property
Flood water impact	
Was the flood water above the level of to Yes	the floor in your home? O No
Was the roof of the home damaged as a ○ Yes	result of flood waters? ○ No
Landslip details	

Was the home deemed safe to live in the home after the landslip, before any ground stabilisation works?
O Yes O No IS at a live in may have been determined by II C or Public Works as part of your Flood Property.
'Safe to live in' may have been determined by JLG or Public Works as part of your Flood Property Assessment
Was the roof of the home damaged as a result of landslip? ○ Yes ○ No
Please describe, or show on a map, the original location of the home:
Original location of home
Address
Please provide any supporting documentation or images
Attach a file:
Please use naming convention of: . File must be PDF.
Please clearly label your photos so that it is clear if the photo is pre or post flood and what room is depicted.
eg: Pre Flood - main bedroom, front of house, ensuite, main bathroom etc.
eg: Post Flood - main bedroom, front of house, ensuite, main bathroom etc
Damage description
How was the home damaged? * □ Destroyed □ Structural □ Internal cosmetic Please select all options that apply. Definitions: Destroyed - Property is unsafe an uninhabitable. Structural - property components that support the overall stability and integrity of the building are compromised. Internal Cosmetic - aesthetic appearance of the inside of home such as paint, wall paper, flooring, etc.
If possible, please attach photos of the flood water and/or landslip damage (preferably from immediately after the flood event): Attach a file:
Please use naming convention of: .

Please clearly label your photos so that it is clear if the photo is pre or post flood and what

room is depicted.

eg: Pre Flood - main bedroom, front of house	, ensuite, main bathroom etc.
eg: Post Flood - main bedroom, front of house	e, ensuite, main bathroom etc
Part D – Insurance	
* indicates a required field	
•	
At the time of the February and March 2	2022 flood event was the residential
dwelling insured? * O Yes	○ No
If applicable places upleed a converting	www.maa.maliay
If applicable please upload a copy of ins Attach a file:	urance policy
Please use naming convention of: . File must be P	DF.
	iling amount and type of claim payment o
denial of claim Attach a file:	
Please use naming convention of: . File must be P	DF.
Has a builder or contractor been engage ○ Yes	ed to provide a quote for scope or works No
Has that work been completed?	
○ Yes	○ No
What type of insurance was the residen	tial dwelling covered for? *
☐ Home ☐ Contents ☐ Flooding Other	
Please select all options that apply. Please ensure 2022 Flood Event. If other please specify	you tick Flooding if you had it at the time of the
Name of Insurance company *	
Policy number	
Does the homeowner give permission for	or the NSW RA to contact the insurer to
discuss relevant insurance matters? *	
○ Yes	○ No

*	te ciaiiii beeii ii	naue for the rea	nually allu Maich 2	2022 Hood event:
○ Yes		○ No)	
Please provide claim Attach a file:	a copy of the in	nformation provi	ided to the insure	as part of the
Please use naming	convention of: . Fil	e must be PDF.		
What is the sta O Assessment pending	tus of this clair O Works in progress	n? ○ Works completed	Cash Payout received	Other:
Please state the	e total cash pa	yout amount		
Must be a dollar an	nount.			
Please provide Attach a file:	a copy of the li	nsurance Claim S	Settlement or Reso	olution
For example: denia must be PDF.	ıl letter, payment s	ummary, remittance	e letter. Please use nan	ning convention of: File
Has a builder p	rovided a scope	e of works to co	nplete as part of t	he insurance
○ Yes		○ No		
Part E - Plan	ned and/or	completed wo	orks post flood	event
	lary or beyond Yes - be	the property boreyond the ONO		thin the existing Not sure
Please provide	details of lot n	umber of the pro	oposed new location	on:
		flood waters/lan March 2022 flood ○ No		ir work on the

Evidence of repairs
Note: Please label any documents you attach to clearly show what they are, and what work they relate to.
Please attach evidence of the works (e.g. photos, quotes, receipts, contracts Attach a file:
Please use naming convention of: . Quotes, Contracts and Receipts must be PDF.
Has the homeowner done any unrelated work on the home since the February and March 2022 flood event? O Yes O No Definition of Unrelated Work: Repair work made to the property not relating to the February and March 2022 flood event.
Evidence of unrelated work
Please attach evidence of the works (e.g. photos, quotes, receipts, contracts) Attach a file:
Please use naming convention of: .
Is the home registered under the Disaster Relief (DRG) - Structural Repair Grant? O Yes No
Please enter your DRG Reference ID
this is 5 numeric characters
Is the home registered under the Flood Property Assessment Program (FPAP) ○ Yes ○ No
Please enter your FPAP Reference ID

Other than the Flood Property Assessment Program (FPAP), has the homeowner had any assessments or reports undertaken on the property since the February and March 2022 flood event ?

○ Yes

○ No

this starts with JLDM followed by 5 numeric characters

Evidence of asses	ssments or report	ts other than FP	'AP
Please attach the as Attach a file:	sessments or repor	ts (if available)	
Please use naming conve	ntion of: . File must be F	DF.	
Part F – Individua	al circumstance	S	
* indicates a required f	äeld		
Does the homeowne ○ Yes	r identify as Aborig		ait Islander? Prefer not to say
At the time of the Fe	ebruary and March	2022 storm and flo	ood event was the home
O Owner Occupied Evidence will be requeste	Investmen	t Property O	No
Is the home currentl ○ Yes - owner occupie		nt O	No
Evidence of Owne storm and flood e	•	ne of February	and March 2022
If 'Yes - Owner-occu the property at the t Attach a file:			homeowner occupying (22)
For example, utility bill. D	ocuments must be PDF.	Please use naming co	onvention
	h as rental accomm	nodation or tempo	orary housing, as a result Other:
If other please provide de	etails		

 \bigcirc 1-3 months \bigcirc 3-6 months \bigcirc 6-12 months \bigcirc More than 12 \bigcirc Not paying rent months currently

If paying rent for other accommodation, please provide an estimate of how long

Alternative accomodation information

the homeowner or tenant can keep paying rent:

Must be a number.	er or tenant nave?
Does the homeowner or tenant have pets, ○ Yes	animals or livestock? No
Do you require additional assistance for de O Yes	ependent or independent living? No
Do you require additional assistance with a ○ Yes ○	managing finances? No
Does the homeowner, tenant or any dependamenities for accessibility? ○ Yes	dents require the use of ramps or other No
Please provide details on the use of ramps	or other amenities for accessibility
Does the homeowner qualify for any Austra Centrelink income support payments? O Yes Homeowners will not be disadvantaged in the RHP if a	No
Please list the type of benefit/s you receive	> :
Has the homeowner qualified for any of the recovery support for the February and Mar O Yes Homeowners will not be disadvantaged in the RHP if a Please provide details of NSW or Australian for the February and March 2022 flood every	rch 2022 flood event? No answering yes. n Government flood recovery support

Part G – Site environmental and safety risks

Are any of the following risk/s present:

If you answer yes to any of the listed risks, please provide additional detail below.

Asbestos? O Yes	○ No	Unsure	LPG tanks / ga	os cylinders?	Unsure	Steep terrain ○ Yes	? ○ No	Unsure
Soil contamin O Yes	ation? ○ No	○ Unsure	Septic, sewer ○ Yes	age, undergrou ○ No	und tanks? O Unsure	Dense vegeta ○ Yes	tion? ○ No	Unsure
Hazardous ma	aterials and che	emicals? O Unsure	Live electricit O Yes	y? ○ No	○ Unsure	Other enviror O Yes	mental or safe	ty risks? O Unsure

Are there any risks relating to accessing the property?

Yes
 No
 This includes any livestock, free range animals or pets

Please provide more information on risks you have selected

Are there	any other ri	sks?		

Declaration and authorisation

* indicates a required field

By submitting this form I hereby declare that:

I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;

All information provided, including the responses to each question in the relevant sections of this proposal, is true and correct to the best of my knowledge;

Any information contained in this form may be disclosed to other government agencies, NSW RA staff, and other relevant external stakeholders (including consultants, lawyers and other advisers) as part of the assessment for the Resilient Homes Program;

I am authorised to submit this form on behalf of, and have the authority to represent and bind, the eligible homeowner;

- I understand that any false declaration may render this form ineligible/invalid; and
- I understand that in order for the New South Wales Reconstruction Authority to assess my eligibility for the Resilient Homes Program the homeowner may also be required to supply further documents or confirm information.

Name *		
Title	First Name	Last Name
I am the	*	

- Homeowner
- Authorised homeowner representative
- O NSW RA RHP Administrator Only. This form has been manually entered by the RHP Case Manager on behalf of the homeowner or in transitioning casefile to SmartyGrants site.

NSW RA RHP Administrator

File Upload of signed HIF

Attach a file:

Please use naming convention . File must be PDF.