Home Raising or Home Retrofit Application Form – Resilient Homes Program

* indicates a required field

Before you begin

Information requested in this form will help the NSW Reconstruction Authority assess eligibility for voluntary Home Raising or Home Retrofit under the Resilient Homes Program (RHP).

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

Please note, additional detailed information will be sought but we can commence our process with these details in the first instance.

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 NSW Reconstruction Authority (NSW RA) 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 NSW RA, its employees, contractors and other services providers, and other NSW Government agencies, for the purpose for which you have provided it. The NSW RA will not disclose your personal information to anybody else unless required or authorised by law, such as by court order.

The NSW RA 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 NSW RA 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 NSW RA 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 You also have the right to have your personal information corrected if it is inaccurate or out-of-date.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 NSW RA by emailing info@reconstruction.nsw.gov.au.

RHP Home Raising or Home Retrofit Application Form

You may also contact the NSW RA if you have any questions about this privacy notice.

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.

Part A - Property and contact details

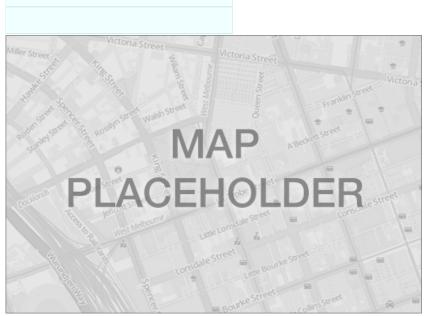
* indicates a required field

Homeowner registering for RHP

The following information is being sought to inform eligibility for the Resilient Homes Program (RHP).

Homeowner * O Individual Organisation Name	○ Organisation	
First Name	Last Name	
Please use vour legal na	me as per the title deed a	nd/or drivers licence
First Name	Last Name me as per the title deed a	nd/or drivers licence

Address of affected property being registered for RHP *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be

This address should be the residence where funding is being requested

if known - Lot Number, Deposited Plan or Strata Plan
Please include all land parcels that form part of your property that is being registered for RHP.
Was the registered affected address directly damaged by either flood waters or landslip caused by the February and/or March 2022 floods? * O Yes O No The RHP is centred around providing assistance to homeowners and focuses on improving the flood resilience of residential properties in the Northern Rivers LGAs that were damaged by the Flood Event
If you have any reports or other documentation which states that the registered property was damaged, please upload here. Attach a file:
Reports prepared as part of Flood Property Assessment Program OR insurer reports. Please use naming convention of: [Report/documentation name]_[Date]
At the time of the February and March 2022 storm and flood event was the home lived in? *
O Owner Occupied O Investment Property O Vacant property Evidence will be requested - for example, Council Rates
Was the dwelling at the registered affected address primarily used for residental accommodation? *
○ Yes ○ No

If No, please provide details

For example	e, home business or oth	ner secondary p	urpose.			
O Yes Definition or (whether or conveyance	f moveable dwelling: (a wheels or not), used for structure or thing of a t Act 1993) for the purp) any tent, or an or human habita o class or descri	O No ny caravan or ot ation, or (b) a maption prescribed	her van or oth anufactured h	nome, or (d	c) any
What type ○ House	e of home is it? * O OUnit/ Townhouse apartme	•	r () (C) (Manufactured home) Caravan⊖ d	Cabin	Other:
	y levels is/was you und □ Split level □		Multi level 🗆] Stilted		
Please choo	se all that are applicab	le				
What yea	r was the home bu	ilt?				
Approximat	e year or decade					
If availab Attach a fil	le, please upload a e:	vailable pho	tos of propei	rty before f	lood eve	ent
Please use i	naming convention of: F	Photo [Location]	[Date]			
	wnership of the re		ected propert	y changed	since Fe	ebruary
○ Yes	arch 2022 flood eve	ent? *	○ No			
If Yes, ple	ease advise reason	for change	in ownership			
For example	e, deceased estate, sale	e of property, co	ourt order			
Homeow	ner contact det	ails				
Homeowr	er contact number	r				
Marablana	A colored to a colored to					
Must be an Mobile or la	Australian phone numb ndline	er.				
Homeowr	er email					
Must be an	email address					

Email address you would like to receive correspondence from NSW RA

Multiple homeowners			
Is there more than o ○ Yes	one owner for this pi	coperty? * O No	
		omeowners. Please add more to ad ners represented on the title deed.	d
Homeowner 2 * First Name	Last Name		
Please use their legal na	me as per the title deed a	nd/or drivers licence	
Homeowner 2 conta	ct number		
Must be an Australian ph Mobile or landline	one number.		
Homeowner 2 email			
Must be an email addres	S.		
More than one ho	meowner or cont	act	
If there is more than o	ne owner for the prope	rty being registered for RHP:	
Who is the main cor ○ Homeowner comple ○ Alternate Homeown ○ Nominated Other C	eting this form ner	ould contact about this propertyO Power of AttorneyO Legal Representation	? *
Homeowner cont	act or alternate co	ontacts	
	e the main contact or i re correspondence fro	f you would like to elect an alternate n RHP.	person to
Who is the main cor ○ Homeowner comple ○ Nominated other co	eting this form	ould contact about this propertyPower of AttorneyLegal Representation	? *
Alternate Homeo	wner identified to	be main contact	
Alternate Homeown First Name	er Last Name		

Contact number

Must be an Australian pho Mobile or landline	one number.		
Email address			
Must be an email address All correspondence will be		vise stated	
Nominated Conta	ct		
Nominated Other Co			
First Name	Last Name		
Relationship to Hom	eowner *		
Nominated Other Co	ntact Primary Phone	e Number *	
Must be an Australian pho	one number.		
Nominated Contact I	Primary Email *		
Must be an email address	5.		
Diana unland a sign		anthonity to your Na	minated Contact
Please upload a sign Attach a file:	led letter that gives	authority to your No	ominated Contact
Please include your signa name]. File must be PDF.		g convention of: Nominat	ed contact_[Homeowner
Power of Attorney	, details		
10Wel of Attorney	actans		
Name * First Name	Last Name		
i ii se itaine	Last Name		
Postal address * Address			
Email *			

Must be an email address	S.		
Phone Number *			
Must be an Australian ph	one number.		
Please upload the le Attorney for the hor Attach a file:		provides evidence of ne property title *	the Power of
Please use naming conve	ention of: Power of Attorn	ey_[Homeowner name]. F	ile must be PDF.
Legal Representa	tion details		
Law Firm name			
Legal Representativ First Name	re name * Last Name		
Postal address * Address			
Email *			
Must be an email address	S.		
Phone Number *			
Must be an Australian ph Landline or Mobile	one number.		
Further Information	on		
Are you currently Color Living in the home Color Living in other according		НР	
If no email address is advise your postal at a Same as the address of P.O Box Alternate Postal Address is advise your postal Address is advised by the postal advised by the pos	address ss registered for RHP	re living in other ac	commodation, please

Alternate Postal Address
Homeowner Postal Address * Address
P.O Box or Address - If email is not available, correspondence will be mailed to this address.
Part B - Additional details
* indicates a required field
Have you undertaken any raising or retrofit works? * □ Yes - Raising □ Yes - Retrofit □ No
Please provide available documentation and photos listed below.
If uploading a document, please note this file must be a PDF and naming convention of: [Provider] - Home Raising - [Date] OR [Provider] - Home Retrofit - [Date].
If uploading a photo, please use naming convention of: Photo - Home Raising - [Location] - [Date] OR Photo - Home Retrofit - [Location] - [Date].
Upload approved Development Application (DA)/Construction certificate Attach a file:
Upload architectural and engineering plans Attach a file:
Upload Occupation Certificate Attach a file:
Upload Summary of costs for each invoice paid Attach a file:
This can be a Word or Excel document that lists each remittance you have provided to us for the work undertaken. Please also provide remittance costs as one file with multiple pages, in the same order as your Summary of costs.
Upload Remittance advices for all works listed in your summary of costs Attach a file:

Each remittance advice should be clearly names and appear on the Summary of costs with the same name.

Upload available Attach a file:	photos of woi	rks comple	ted		
What was the con	nmencement	date of the	e works unde	ertaken?	
Must be a date.					
Have works been ○ Yes	completed?		○ No		
What was the con	npletion date	of the wor	ks undertak	en?	
Must be a date.					
What is the expec	ted completi	on date of	the works u	ndertak	en?
Must be a date.					
Do you have a pre O Home Raising		lome Raisi Home Retrof			oreference
Part C - Individ	dual circum	stances			
Please note support	ing documenta	ition may be	requested.		
Does the homeow O Yes	○ No	_	al or Torres ○ Not sure	Strait Is	lander? O Prefer not to say
What is the home	owner's date	of birth?			
Does the homeow	ner require a	dditional a	ssistance fo	r depen	dent or independent
○ Yes	○ No		Not sure		Prefer not to say
Does the homeow ○ Yes	ner require a		ssistance wi ○ Not sure	ith mana	aging finances? O Prefer not to say

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other amenities	owner, a tenant or a for accessibility?	ny dependents require	-
○ Yes	○ No	Not sure	Prefer not to say
Please provide	details on the use o	f ramps or other amen	ities for accessibility
	owner qualify for an me support paymen	y Australian Governme ts?	ent benefits such as
○ Yes	○ No	Not sure	 Prefer not to say
Please list the t	ype of benefit/s the	homeowner receives:	
		ny of the NSW or Austr and March 2022 flood	ralian Government flood event?
○ Yes	○ No	Not sure	Prefer not to say
-	details of NSW or Au y and March 2022 flo		flood recovery support

Submission of Registration

* 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.
- I understand additional information will be sought from me in a detailed Homeowner Information Form

Name *

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.