



Loose Fill Asbestos Insulation Eradication Scheme

Transition Assistance: Application Form

All applications will be assessed in accordance with *A Guide to the Transition Assistance Program* - www.asbestostaskforce.act.gov.au/transition-assistance-guide.

This application cannot be processed unless it is signed by **all** registered owners and lodged with **all** sections completed. You may also be required to provide additional information.

Part 1 – Eligible Homeowner(s) details					
<i>List all registered owners of the affected property</i>					
Name(s):					
Postal address:					
Telephone(s):					
Email:					
Preferred method of contact:		<input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post			
<i>Please mark as appropriate</i>					
Would you like someone to act on your behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes:					
Name: _____					
Telephone: _____					
Email: _____					
Relationship: _____					
Part 2 – Affected property details					
<i>The address of the property affected by loose fill asbestos insulation is:</i>					
Address:					
Block:		Section:		Division:	
Were you the registered owner of the affected block at the date the property was listed on the <i>Affected Residential Premises Register</i> ?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, when did you acquire the property?					
Are still living in the property?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3 – Transition Plan	
<p>A Transition Plan (Part A of this application) must be completed as part of this application.</p> <p>Your Transition Plan will support your transition pathway to new living arrangements with a confirmed date for moving. Your Plan will set out your housing, financial, timing and support needs that you require to help you move.</p>	
Part 4 – Financial Evidence	
<p>Is there a mortgage(s) over the affected property: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach the letter from your bank(s):</p> <ol style="list-style-type: none"> 1. confirming the amount owing on each loan 2. confirming the amount of money you have access to under a redraw facility 3. how the amount of money owing will not increase (i.e. how will you ensure that no money is drawn down from your redraw facility) <p>Is the bank aware you are seeking to access a portion of the equity in your home to fund your move?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you understand that by accessing Transition Assistance you will not be able to redraw down on your existing mortgage(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>This information is required to determine the approved amount that will be available for release prior to settlement.</small></p>	
Part 5 – Utility Bills	
<p>Please attach a copy of the latest water and sewerage bill for the affected property.</p> <p><small>This information is required to determine the approved amount that will be available for release prior to settlement.</small></p>	
Part 6 – Banking details	
<p>If my application is approved, I would like the payment to be paid:</p> <p><input type="checkbox"/> as a bank cheque; or</p> <p><input type="checkbox"/> into my account as follows:</p>	
Account name:	BSB:
Bank:	Account number:
Part 7 – Declarations by Registered Owner(s)	
<p>I acknowledge the information in this form is being collected to enable my/our application to be considered for Transition Assistance.</p> <p>I have read and understood the information in <i>A Guide to the Transition Assistance Program</i> and understand my application will be assessed in accordance with the guidelines.</p> <p>I acknowledge the Territory may provide information contained in this application and access information from any Commonwealth, State, Territory or local government and any statutory authority, agency or other government organisation (e.g. Icon Water, WorkSafe ACT, ACT Revenue Office, Land Titles) for the purpose of managing the affected property which is the subject of this application and any related matters including managing asbestos contamination.</p>	

The Privacy Policy of the Environment, Planning and Sustainable Development Directorate (of which the Taskforce is a part) is at: www.environment.act.gov.au/about/privacy.

Part 8 – Provision of legal documents

In the event the Territory approves my application, I wish the Territory to provide legal documents to:

- ☐ me, at my address above; or
☐ my solicitor:

Name of Solicitor/Firm:

Contact name:

Telephone:

Email:

Address:

Part 9 – Signing

I/we declare that I/we have read and understood the above information and that the information contained in this application is true and correct.

Note: The application must be signed by all registered owners.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Note: The *Criminal Code 2002* provides for significant penalties, including fines and imprisonment, for making a false or misleading statement to the Territory in the hope of obtaining a financial benefit.

Part 10 - Submitting the application:

Send the completed and signed application form, along with all supporting documents, to the Taskforce:

Email: asbestostaskforce@act.gov.au

Post: Asbestos Response Taskforce
GPO Box 158
Canberra City ACT 2601

Further information: The Asbestos Response Taskforce can be contacted by phoning Access Canberra on 13 22 81.

Taskforce Use Only	
Date application received	
Applicant case number	
Is the applicant eligible for Transition Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the registered owner provided a Transition Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the registered owner provided financial evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the registered owner provided their latest Water and Sewerage bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processed by (Taskforce Officer name):	
Processed date:	
Comments:	
To be completed by Delegate:	
Approval to progress release of equity:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Taskforce Delegate name:	
Taskforce Delegate signature:	
Date approved:	
Comments:	

PART A - TRANSITION ASSISTANCE

Homeowner Transition Plan

Please discuss your circumstances in relation to what transition arrangements you have made or may be seeking to make in the following areas:

HOUSING

Your new accommodation? ☐ Searching ☐ Identified ☐ Secured

Will you be? ☐ Purchasing ☐ Renting ☐ Retirement living ☐ Family/Friends

Is your accommodation ready for your needs now? ☐ Yes ☐ Needs works

Please discuss key details:

FINANCIAL

Deposit amount? ☐ Secured ☐ Gap **Purchase price?** ☐ Secured ☐ Gap

Funding for any required works? ☐ Secured ☐ Gap

Please discuss and provide approximate costs:

TIMING

To achieve a more positive transition it will assist to have a further period of

☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months (max)

Please discuss key details:

SUPPORT

What support will you access when you transition

☐ Family ☐ Friends ☐ Community ☐ My Aged Care ☐ NDIS ☐ Health

Please discuss your support needs in transition:

Are you needing any assistance connecting to support: ☐ Yes ☐ No

You are aiming to fully vacate the affected property by____/____/____

Please discuss your steps to achieve this timeframe

YOUR TRANSITION TIMELINE OVERVIEW

Identify key milestones of your Transition Plan and what month you are aiming to achieve

May	June	July	August	September	October	November	December

Completing the Transition Assistance Application Form

This document is designed to assist you to complete the Application Form for Transition Assistance.

All applications will be assessed in accordance with the Loose Fill Asbestos Insulation Eradication Scheme – *A Guide to the Transition Assistance Program* (the Guideline). Please ensure that you have read and understood the Guideline.

Part 1 – Eligible Homeowner(s) details

You must list all Eligible Homeowners of the affected property. To be eligible for Transition Assistance you must be an Eligible Homeowner. Please refer to 'Who is eligible for Transition Assistance?' in the Guideline.

All correspondence will be sent to the address of the affected property unless otherwise stated.

Part 2 – Affected property details

Provide the current address and title details of the property that is affected by loose fill asbestos insulation – block/section/division (suburb). You can find this information on your rates notice.

Part 3 – Transition Plan

Please refer to the 'What is Transition Assistance?' in the Guideline.

Part 4 – Financial Evidence

If the affected property is mortgaged, the Taskforce requires written confirmation from your bank to establish the amount still owing to assist in calculating the amount of money that will be available to you under Transition Assistance.

Part 5 – Utility Bills

Please provide a copy of the latest utility bill for water and sewerage for the affected property.

Part 6 – Banking details

Complete this part to provide the method and details of how you would like to receive payment, if the application is approved.

Part 7 – Declarations by Registered Owner(s)

Please ensure that you read and understand the information in this section. By signing and submitting the application you will be taken to have accepted/acknowledged the matters listed in this section.

Part 8 – Provision of legal documents

Complete this part to provide details of where legal documents should be sent if your application

is approved. This could be you at your mailing address, or your solicitor.

Part 9 – Signing

All registered owners must sign the application form.

All registered owners must have read and understood all the details completed on the application form. A scanned copy of a signed document is acceptable, but the form must be signed.

Please ensure all supporting documentation is attached with your application – including any additional information to assist in processing your application.

Failure to complete the form or produce the relevant documentation may result in delays in processing your application and/or the inability to assess it.

Please note that the *Criminal Code 2002* provides for significant penalties, including fines and imprisonment, for making a false or misleading statement to the Territory in the hope of obtaining a financial benefit.

Part 10 – Submitting the application

Send the completed and signed application form, along with any supporting documentation to the Taskforce via email or postal service:

Email: asbestostaskforce@act.gov.au

Post: Asbestos Response Taskforce
GPO Box 158
Canberra City ACT 2601

Part A – Homeowner Transition Plan

Complete this part to provide your housing, financial, timing and support needs to assist with moving to new living arrangements.

ACCESSIBILITY

The ACT Government is committed to making its information, services, events and venues as accessible as possible. If you have difficulty reading a standard printed publication and would like to receive this publication in an alternative format, such as large print, please phone 13 22 81 or email asbestostaskforce@act.gov.au.



If English is not your first language and you require a translating and interpreting service, please phone 13 14 50 and ask for 13 22 81.

If you are deaf, or have a speech or hearing impairment, and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on this service visit www.relayservice.com.au.