

## First Home Owner Grant application

### Important:

- To help determine if you qualify for a grant, please answer the questions below by ticking (✓) the appropriate box.
- If there are more than two applicants, please complete and attach a second application form.
- Incomplete application forms or applications lacking any of the supporting evidence required will be returned.

### OFFICE USE ONLY

UIN

AA  
reference

AA  
branch

### SECTION 1 – ELIGIBILITY CRITERIA

#### APPLICANT ELIGIBILITY CRITERIA

**Note:** All applicants must be considered when answering the eligibility questions.

1. Will this be the first time each applicant or their spouse will receive a grant under the *First Home Owner Grant Act 2000* in any State or Territory of Australia?  
Yes  No
2. Is each applicant or their spouse a person who has **never** owned a residential property, either jointly, separately or with some other person **before** 1 July 2000, in any State or Territory of Australia?  
Yes  No
3. Is each applicant and their spouse a person who has **never** owned and occupied a residential property, either jointly, separately or with some other person **on or after** 1 July 2000, in any State or Territory of Australia?  
Yes  No
4. Is each applicant a natural person (for example, not a company)?  
Yes  No
5. Is at least **one** applicant a permanent resident or Australian citizen?  
Yes  No
6. Will **all** applicants be occupying the established home as their principal place of residence within 12 months of either settlement or completion of construction?  
Yes  No

#### TRANSACTION ELIGIBILITY CRITERIA

7. Has each applicant **on or after** 1 July 2000:
  - a. entered into a Contract of Sale or Agreement for the purchase of a home in the ACT?  
Yes  No
  - OR**  
b. entered into a comprehensive building contract to have a home built on their land in the ACT?  
Yes  No
  - OR**  
c. in cases of an owner-builder, commenced construction (laying of foundations) of a home on their land in the ACT?  
Yes  No

#### Determination of eligibility

- If you answered 'Yes' to all of the above questions, you may be entitled to receive the First Home Owner Grant, subject to the decision being made by the Commissioner for ACT Revenue.

Please note that there are significant penalties for making a false or misleading statement.



## SECTION 4 – PAYMENT DETAILS

Please tick (✓) applicable

Are you applying through  approved agent  ACT Revenue Office

### EFT – applying through an approved agent

Approved agent's name

The applicant(s) authorise the grant to be held by the approved agent until the completion of the transaction. The applicant(s) authorise the agent to repay the grant to the Commissioner if the transaction to which this application relates is not completed within 28 days of the date specified in this application.

### EFT – applying through the ACT Revenue Office

Approved agent's name (if relevant)

Account name

Account BSB

Account no.

I agree for the grant to be paid to the approved agent as stated in Section 4.

## SECTION 5 – DECLARATION

- I have completed and submitted all relevant documents in support of my application and to my knowledge they are true and correct.
- I undertake to notify the Commissioner of any notifiable event relevant to the legislation requirements under the *First Home Owner Grant Act 2000* within 28 days from the occurrence of this event.
- I have read and understood the information prepared by the ACT Revenue Office relating to the conditions of eligibility. I accept that if the conditions are not met, I may not be entitled to receive or retain the grant.
- I give authorisation for the approved agent identified in this application form to have access to any information held that may affect the First Home Owners' Grant and disclose it in good faith to the ACT Revenue Office.
- I understand that the information supplied on this form may be used by any Revenue Office administering this scheme, or their approved agents, to conduct eligibility checks of all applicants.
- I understand that the approved agent is not authorised by the ACT Revenue Office to offer any advice or assistance on the conditions of eligibility for the grant, or in the completion of this application.
- I understand that the ACT Revenue Office may give some of this information to other government agencies authorised by law to receive it.

I declare that I or my spouse/de facto have not previously made an application to the Commissioner pursuant to the *First Home Owner Grant Act 2000*, either alone or together with any person or persons. I or my spouse have not previously received the grant for the *First Home Owner Grant Act 2000*, either alone or together with any person or persons.

### Applicant 1

Name

Signature

Date

### Applicant 2

Name

Signature

Date

## OFFICE USE ONLY

Payment (settlement/ occupancy) eligibility date

Contract date

AA reference number

AA account name

AA account BSB

AA account no.

### Applicant's nominated account

Account name

Account BSB

All documentation sighted

Account no.

## SECTION 6 – SPOUSE DETAILS

Only complete this section if you are the spouse of an applicant and you have no interest in the residential property.

### SPOUSE PARTICULARS

	Spouse of Applicant 1					Spouse of Applicant 2				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>
First name	<input type="text"/>					<input type="text"/>				
Middle name(s)	<input type="text"/>					<input type="text"/>				
Family name	<input type="text"/>					<input type="text"/>				
<i>Please provide name on birth certificate if different to above.</i>										
Original first name	<input type="text"/>					<input type="text"/>				
Original middle name(s)	<input type="text"/>					<input type="text"/>				
Original family name (including maiden name)	<input type="text"/>					<input type="text"/>				
Date of birth	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> D D	<input type="text"/> M M	<input type="text"/> Y Y Y Y	<input type="text"/> Y Y
Place of birth	State/Territory	<input type="text"/>				<input type="text"/>				
	Country	<input type="text"/>				<input type="text"/>				
Current residential address	<input type="text"/>					<input type="text"/>				
	<input type="text"/>					<input type="text"/>				
	State	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SPOUSE DECLARATION

Will this be the first time you will receive a grant under the *First Home Owner Grant Act 2000* in any State or Territory of Australia? Yes  No  Yes  No

Are you a person who has never owned a home, either jointly, separately or with some other person **before** 1 July 2000, in any State or Territory of Australia? Yes  No  Yes  No

Are you a person who has never owned and occupied a home, either jointly, separately or with some other person **on or after** 1 July 2000, in any State or Territory of Australia? Yes  No  Yes  No

I give authorisation for the approved agent to have access to any information held by the agent that may affect the applicant's eligibility for the *First Home Owner Grant* and disclose that information to the ACT Revenue Office for the purpose of administering the scheme.

#### Spouse of applicant 1

Name

Signature

Date   
D D    M M    Y Y Y Y

#### Spouse of applicant 2

Name

Signature

Date   
D D    M M    Y Y Y Y

#### Further information

##### By correspondence

First Home Owner Grant, ACT Revenue Office, PO Box 293, CIVIC SQUARE ACT 2608

##### In person

ACT Revenue Office, Plaza Level, Canberra Nara Centre, 1 Constitution Avenue, Canberra

##### Telephone

02 6207 0029

##### Facsimile

02 6207 0026

##### E-mail

FHOG@act.gov.au

##### Internet

http://www.revenue.act.gov.au