

First Home Owner Grant Application Form

- 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 not be accepted.

SECTION 1 - ELIGIBILITY CRITERIA CHECKLIST

- To help determine if you qualify for a grant, please answer the questions below by ticking (✓) the appropriate box

APPLICANT ELIGIBILITY CRITERIA

1. Will this be the first time **each** applicant and/or their spouse could receive a grant under the *First Home Owner Grant Act 2000* in any State or Territory of Australia? Yes No
2. Is **each** applicant and 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/de facto a person who has **never** owned and occupied a residential property (other than the property to which this application relates), 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 (that is, a person not a company or trust)? 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

Please answer only one of a, b or c.

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 Queensland? Yes No

OR

 - (b) entered into a comprehensive home building contract to have a home built on their land in Queensland? Yes No

OR

 - (c) in cases of an owner-builder, commenced construction (laying of the foundations) of a home on their land in Queensland? 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 of State Revenue.

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

Form – FHOG 1
First Home Owner Grant Act 2000
Section 16(2)
Version 2 – August 2003

OFFICE USE ONLY

| | |
|-------------------------|--|
| UIN | |
| Application Date | |
| Reference/Lodgement No. | |

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SECTION 2 - APPLICANT DETAILS

If there are more than two applicants, please complete a second application form and attach it to this one.

Number of persons with a relevant interest in the property this application is being made for (see page 1, Guide to the Application, for what is a "relevant interest").

| | Applicant 1 | Applicant 2 |
|---|---|---|
| First Name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Middle Name(s) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Family Name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Please provide name on birth certificate if different from above. Original First Name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Original Middle Name(s) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Original Family Name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Date of birth | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| Place of birth | <input style="width: 100%;" type="text"/> State/Territory <input style="width: 100%;" type="text"/> Country | <input style="width: 100%;" type="text"/> State/Territory <input style="width: 100%;" type="text"/> Country |
| Contact telephone number | (<input style="width: 20px;" type="text"/>) <input style="width: 60px;" type="text"/> | (<input style="width: 20px;" type="text"/>) <input style="width: 60px;" type="text"/> |
| Current residential address | <input style="width: 100%;" type="text"/> Street No Street Name <input style="width: 100%;" type="text"/> Town/Suburb <input style="width: 100%;" type="text"/> State Postcode | <input style="width: 100%;" type="text"/> Street No Street Name <input style="width: 100%;" type="text"/> Town/Suburb <input style="width: 100%;" type="text"/> State Postcode |
| Do you have a spouse? | <input type="checkbox"/> Yes If yes, please complete the next question. <input type="checkbox"/> No If no, please go to Section 3. | <input type="checkbox"/> Yes If yes, please complete the next question. <input type="checkbox"/> No If no, please go to Section 3. |
| Will your spouse also have a relevant interest in the property to which this application relates? | <input type="checkbox"/> Yes If yes, your spouse must complete applicant details. <input type="checkbox"/> No If no, your spouse must complete Section 6. | <input type="checkbox"/> Yes If yes, your spouse must complete applicant details. <input type="checkbox"/> No If no, your spouse must complete Section 6. |
| Address for Notices | <input style="width: 100%;" type="text"/> Street No Street Name <input style="width: 100%;" type="text"/> Town/Suburb <input style="width: 100%;" type="text"/> State Postcode | |

SECTION 3 - DETAILS OF HOME PURCHASED OR LAND ON WHICH IT IS SITUATED

| | |
|---|--|
| Address <input style="width: 100%;" type="text"/> Street No Street Name <input style="width: 100%;" type="text"/> Town/Suburb <input style="width: 100%;" type="text"/> State Postcode | Are you <input type="checkbox"/> Purchasing an established home OR <input type="checkbox"/> Entering into a contract to build OR <input type="checkbox"/> An owner-builder |
| Title Details <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> Lot No. Plan No. | Purchase or construction price \$ <input style="width: 100px;" type="text"/> |
| Expected date of occupancy as an owner <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | |

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SECTION 6 - SPOUSE DETAILS

Only complete this section if the spouse/de facto of an applicant **has not** been specified as an applicant.

SPOUSE DETAILS

| | Spouse of Applicant 1 | Spouse of Applicant 2 |
|--|---|---|
| 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"/> |
| Please provide name on birth certificate if different from above. Original First Name | <input type="text"/> | <input type="text"/> |
| Original Middle Name | <input type="text"/> | <input type="text"/> |
| Original Family Name (including maiden name) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>d d m m y y y y</small> |
| Place of birth | <input type="text"/> <small>State/Territory</small> <input type="text"/> <small>Country</small> | <input type="text"/> <small>State/Territory</small> <input type="text"/> <small>Country</small> |
| Current Residential Address | <input type="text"/> <small>Street No Street Name</small> <input type="text"/> <small>Town/Suburb</small> <input type="text"/> <small>State Postcode</small> | <input type="text"/> <small>Street No Street Name</small> <input type="text"/> <small>Town/Suburb</small> <input type="text"/> <small>State Postcode</small> |

SPOUSE DECLARATION

I declare that the spouse details above and the answers provided in questions 1, 2 and 3 of the eligibility criteria in Section 1 are true and correct in as much as they relate to me.

I give authorisation for the approved agent identified in this application form to have access to any information held that may affect this First Home Owner Grant application and disclose it in good faith to Office of State Revenue.

| | Spouse of Applicant 1 | Spouse of Applicant 2 |
|---|-----------------------|-----------------------|
| Signature | <input type="text"/> | <input type="text"/> |
| Signature of witness (not another applicant or spouse of an applicant) | <input type="text"/> | <input type="text"/> |
| Name of witness | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> | <input type="text"/> |

The Office of State Revenue is collecting the information on this form to determine your eligibility (if any) under the *First Home Owner Grant Act 2000* for the transactions you have described on this form. Collection of this information is authorised by the *First Home Owner Grant Act 2000*. The information can only be disclosed by the Office to another party in the circumstances outlined in the *First Home Owner Grant Act 2000* and the *Freedom of Information Act 1992*. For further information see our website at www.osr.qld.gov.au.