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

First Home Owner Grant

All applicants with a relevant interest in the property must complete the eligibility checklist. Questions 1-3 also relate to a Spouse/De facto whom is not an applicant.

Incomplete applications or applications lacking any of the supporting evidence required will not be accepted.

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

SECTION 1 - ELIGIBILITY CRITERIA

Application

Applicant Eligibility

1		/ill this be the first time each applicant or their spouse/de facto could receive a grant under the <i>First Home</i> wner Grant Act 2000 in any State or Territory of Australia?			Yes	\bigcirc	No
2		ls each applicant and their spouse/de facto a person who has never owned residential property, either jointly, separately or with some other person before 1 July 2000, in any State or Territory of Australia?			Yes	\bigcirc	No
3	Is each applicant and their spouse/de facto a person who has never owned and occupied a residential property (<i>other than the property to which this application relates</i>), either jointly, separately or with some other person on or after 1 July 2000, in any State or Territory of Australia?			\bigcirc	Yes	\bigcirc	No
4	Is each applicant a natural person (<i>that is not a company</i>), who is at least 18 years of age (<i>if less than 18 years you may still be eligible if approved by the Commissioner</i>) and who does or will on completion of the transaction, own the property in their own right and not in any capacity as a trustee?			\bigcirc	Yes	\bigcirc	No
5	ls at l	s at least one applicant a permanent resident or Australian citizen?		\bigcirc	Yes	\bigcirc	No
6	Will each applicant be occupying the home as their princial place of residence within 12 months of either settlement or completion of construction?		\bigcirc	Yes	\bigcirc	No	
		tion Eligibility answer <u>only one</u> of (a), (b) or (c).					
7 Has each applicant on or after 1 July 2000:							
	(a)	Entered into a Contrct of Sale and Purchase or A Northern Territory?	greement for the purchase of a home in the OR	\bigcirc	Yes	\bigcirc	No
	(b)	Entered into a comprehensive building contract Northern Territory?	t to have a home built on their land in the OR	\bigcirc	Yes	\bigcirc	No
	(c) In cases of a owner builder, commenced construction (<i>laying of the foundations</i>) of a home on their land in the Northern Territory?		uction (<i>laying of the foundations</i>) of a home	\bigcirc	Yes	\bigcirc	No

Determination of eligibility

If you answered 'Yes' to guestions 1 to 7 then you may be entitled to receive the First Home Owner Grant, subject to the decision being made by the Commissioner. Where there are two or more applicants the Commissioner may exempt an application from the residence requirements, depending on the circumstances. The Commissioner may also declare a transaction that is not eligible to be an eligible transaction, depending on the circumstances. In all of these cases a submission must be made to the Commissioner for determination.

Please not that there are significant penalties for making a false or misleading statement.

PRIVACY STATEMENT

The information in this form is required to determine whether or not you meet the criteria for the payment of the First Home Owner Grant. Any information you provide is on a voluntary basis but is needed to process your application for the grant. The information provided is stored on the First Home Owner Grant Scheme national data base and applications are retained either by TRM or your financial institution. You may review or correct any personal information provided by contacting TRM.

APPROVED PARTICIPANT BRANCH

APPROVED PARTICIPANT REFERENCE



OFFICE USE ONLY

First Home Owner Grant Act

UIN

SECTION 2 - APPLICANT DETAILS

Number of persons (excluding the Chief Executive Officer (Hou	ising)) who have or will on completion of the transaction, have a rele				
	Applicant 1 (Primary contact) Mr Mrs Ms Miss	Applicant 2 Mr Mrs Ms Miss			
First Name					
Middle Name(s)					
Family Name					
Provide name on birth certificate if different from above Original First Name					
Original First Name					
Original Middle Name(s)					
Original Family Name					
Other Name(s)					
Date of birth	$ \bigcirc \bigcirc$	$ \bigcirc \bigcirc$			
Place of birth	(Ctato/Towitory	Ctato/Towitowy			
	State/Territory	State/Territory			
	Country	Country			
Day time contact telephone number					
Current residential address					
	Street No Street Name	Street No Street Name			
	Town/Suburb	Town/Suburb			
	State Postcode	State Postcode			
Do you have a spouse/de facto?	 Yes If yes, please complete the next question. No If no, please ignore next question. 	 Yes If yes, please complete the next question No If no, please ignore next question. 			
Will your spouse/de facto also have a relevant interest in the property to which this application relates?	 Yes If yes, your spouse must complete the applicant details. No If no, your spouse must complete Section 6. 	 Yes If yes, your spouse must complete the applicant details. No If no, your spouse must complete Section 6. 			
Address for notice	Street No Street Name	Street No Street Name			
(if different to residential address)					
	Town/Suburb	Town/Suburb			
	State Postcode	State Postcode			
Please indicate in which State/Territory you have previously lived.	ACT NSW QLD SA TAS VIC WA	ACT NSW QLD SA TAS VIC WA			
SECTION 3 - DETAILS OF HOME PURCHASED OR LAND ON WHICH HOME IS BEING BUILT					
Address	Are you	Purchasing an existing home; OR			
Street No Street	Name	\bigcirc Entering into a contract to build; OR \bigcirc An Owner Builder			
Town/Suburb Sta Expected date of occupancy as an owner Image: Comparison of the second secon)0000	If current title number unavailable, enter parent title number			
Consideration or construction price		Volume Folio Page 2 of 4			

SECTION 4 – PAYMENT DETAILS IF APPLYING THROUGH TERRITORY REVENUE MANAGEMENT

Complete this section only if you are lodging your application direct to Territory Revenue Management.

For your convenience and speed of payment, please provide the EFT details for the account into which you would like the Grant to be paid.

i or your convenience and spe						
Name of bank						
Full name of account						
Account BSB						
Account Number						
SECTION 5 – DECLARA	TION					
 I have completed the ap 	plication and submitted all relevant documents in support of my application and to my knowledge they are true and correct.					
	bood the conditions of eligibility and accept that if the conditions are not met, I may not be entitled to receive or retain the grant. I Commissioner of any notifiable event relevant to the legislation requirements under the <i>First Home Owner Grant Act</i> within 30 days his event.					
	existing home as my principal place of residence within 12 months of settlement, or I intend to reside in the home being constructed residence within 12 months of completing the building.					
	I understand that the approved participant is not authorised by the Commissioner to offer any advice or assistance on the conditions of eligibility for the grant, or in completion of this application.					
	ioner to pay the grant to the account nominated in Section 4 or to the account of the approved participant.					
	participant to hold the grant until completion of the eligible transaction and to repay the grant to the Commissioner if the transaction relates is not completed within 28 days of the date specified in this application.					
	participant to access any information held about me that may affect my eligibility for the grant and release the information in good er for use by the Commissioner in administering the scheme.					
	mmissioner may give some of this information to other government agencies authorised by law to receive it.					
	ioner to address all correspondence, in respect to this application, to applicant 1 at the address nominated by them. understood the above information and that the information provided in this application is true and correct. I also declare that I					
either alone or together with	or been entitled to receive, the grant under the <i>First Home Owner Grant Act</i> or a corresponding Act in another State or Territory, any other person or persons. I acknowledge that under Section 42 of the <i>First Home Owner Grant Act</i> , the penalty for making a false in conjunction with an application for a First Home Owner Grant is imprisonment of 2 years. Applicant 1 Applicant 2 Signature					
Date	Date					
	Duc					
OFFICE USE ONLY Payment eligibility date (se	ttlement/1 st progress payment)					
Contract date	d d m m y y y y					
Participant ref no.	Participant account name					
Participant account BSB						
Participant account numbe	r 000000000000000000000000000000000000					
Applicant's nominated	account					
Full name of account						
Account BSB						
Account Number						

All docuumentation sighted by

Officer Signature

SECTION 6 - SPOUSE/DE FACTO DETAILS

Only complete this section if the spouse/de	facto of an applicant is not an applicant. Spouse/De facto of Applicant 1	Spouse/De facto of Applicant 2
	Mr Mrs Ms Miss	Mr Mrs Ms Miss
First Name		
Middle Name(s)		
Family Name		
Provide name on birth certificate if different from above Original First Name		
Original Middle (Name(s)		
Original Family Name		
Other Name(s)		
Date of birth	$\bigcirc d d m m y y y y$	$\bigcirc \bigcirc d d m m y y y y$
Place of birth	State/Territory	State/Territory
Current residential address	Country Street No. Street	Country Street No. Street
	Town/Suburb State Postcode	Town/Suburb State Postcode
	ACT O NSW O QLD O SA O	ACT NSW QLD ACT AS VIC WA
SPOUSE/DE FACTO DECLARATION		

- I declare that the 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 participant to have access to any information held about me that may affect this First Home Owner Grant application and disclose it in good faith to the Commissioner for use by the Commissioner in administering the scheme.

	Spouse/De facto of Applicant 1		Spouse/De facto of Applicant 2
Signature	Si	gnature	
Date		Date	

PRIVACY STATEMENT

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DIRECT ENQUIRIES TO:

By Correspondence:

Territory Revenue Management, First Home Owner Grant GPO Box 154, DARWIN NT 0801

In Person:

Territory Revenue Management, First Home Owner Grant 4th floor, 38 Cavenagh Street, DARWIN NT 0800



Telephone: Facsimile:

Email:

Website:

1300 305 353 8999 5577

ntrevenue.ntt@nt.gov.au www.revenue.nt.gov.au