



The Queensland Government helps people who cannot pay their electricity and/or reticulated natural gas bills because of an unexpected short-term financial crisis in the past 12 months.

## Do you need help to complete this form?

If you need help completing this form, please contact Concession Services on 13 QGOV (13 74 68) (local call charge) or (07) 3247 6204. If you require an interpreter, please telephone 131 450.

You can also ask an organisation, a financial counsellor or another representative to help you complete the application. If you do choose another person or organisation to help you complete and submit this form, please include their contact details below:

Name of your representative

Organisation

Telephone number or email

## Are you eligible to receive this assistance?

HEEAS is a one-off payment of up to \$720 to assist with a debt on an electricity or reticulated natural gas account. Households can only receive HEEAS once every two years.

To receive this help, you must be financially responsible for paying the energy bill in your household **and**:

- hold a current concession card (Health Care Card / Pensioner Card / DVA Gold Card) **or**
- be part of your energy retailer's hardship program or payment plan **or**
- have an annual combined income of \$75 000 or less (you and your partner's income), or \$49 000 or less if you are single.

You **must also** have experienced:

- a substantial decrease in your household income (e.g. loss of employment, family separation, illness, injury or disability) **or**
- high unexpected expenses on essential items.

## Completing this application

If you are completing an electronic form, please email it to:

[HEEAS@smartservice.qld.gov.au](mailto:HEEAS@smartservice.qld.gov.au)

**or**

If you are completing a written form, please post it (in the prepaid envelope provided) to:

Home Energy Emergency Assistance Scheme  
Concession Services  
Department of Communities,  
Child Safety and Disability Services  
GPO Box 806  
BRISBANE QLD 4001

You will need to complete all sections of this form so your application can be processed. The due date for your application is on page 2.

## Privacy notice

The Queensland Government is collecting your personal information to administer and assess your eligibility for assistance under the Home Energy Emergency Assistance Scheme. This information may be provided to your energy retailer, Centrelink, the Department of Veterans' Affairs and Queensland Shared Services to assess whether you are eligible and to administer the scheme, and we will keep it for up to nine years. We will handle your personal information in accordance with the *Information Privacy Act 2009* (Qld). More information about this legislation and the Queensland Government's privacy policy is available at: <https://www.qld.gov.au/legal/privacy/>.

## Energy account information and application due date

Please contact your electricity or natural gas retailer to complete this section.

Electricity	Company name
Application number	Account number
Reticulated natural gas	Company name
Application number	Account number

### Application form **due date**

If you cannot return your form by the due date, please contact Concession Services on 13 QGOV (13 74 68) (local call charge) or (07) 3247 6204 to discuss your application.

If you don't return your form by the due date, your application will be cancelled and your energy retailer may take action to collect the amount outstanding on your account.

## Account holder details (please include names of all energy account holders)

Account holder 1. Surname	Given names	
Account holder 2. Surname	Given names	
Current address of household	Postcode	
Home phone	Mobile phone	
Postal address (if different from above)	Postcode	Email

## Household details

Number of adults in household (including you)	Number of dependent children
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## Type of housing

Rental property	Public housing (through the Department of Housing and Public Works)	Own your home
Buying home/mortgage		Boarding house

## Eligibility

Please select at least one of the following options:

1. I am a concession card holder (please tick which card you hold below) **or**

Pensioner Concession Card	Health Care Card	DVA Gold Card (except 'Dependant')
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Card number

2. I am registered with my energy retailer's hardship program or am on a payment plan **or**

3. My annual base income is less than \$49 000 (single) or \$75 000 (combined with partner)

## Reason for your application

Why are you applying for HEAS? Tick at least one of the following reasons below:

My household income has decreased substantially, such as for loss of employment, family separation, illness, injury or disability (please complete section 1 below)

I have had high unexpected expenses on essential items (please complete section 2 below)

My household income has decreased substantially and I have had high unexpected expenses on essential items (please complete both sections 1 and 2 below)

For your application to be considered, the reason you select must have happened in the last 12 months.

Please note: We may ask you to provide documents or receipts for repairs/purchases to verify this information.

### Section 1 (please complete if your household income has decreased substantially)

		Date	Fortnightly income before	Fortnightly income after
Change in Centrelink benefits	Date of change	/ /	\$	\$
Marriage/defacto separation	Date separated	/ /	\$	\$
Housemate or family member moved out	Date moved out	/ /	\$	\$
Death of immediate family member	Date of death	/ /	\$	\$
Child maintenance stopped or decreased	Date stopped/ decreased	/ /	\$	\$
Decrease in hours of work	Date hours of work decreased	/ /	\$	\$
Loss of employment	Date stopped work	/ /	\$	\$
Unexpected illness, injury or disability resulting in decreased household income	Date of unexpected illness/injury/ disability	/ /	\$	\$

### Section 2 (please complete if you have had high unexpected expenses on essential items)

Refrigerator repair or purchase	\$	Date	/ /
Washing machine repair or purchase	\$	Date	/ /
Hot water service repair or purchase	\$	Date	/ /
Car repairs	\$	Date	/ /
Direct funeral expenses	\$	Date	/ /
Removalist expenses	\$	Date	/ /
Once off medical expenses not covered by Medicare (including dental and optical)	\$	Date	/ /
Other unexpected expenses	\$	Date	/ /

Please specify:

**(General expenses such as car registration, car services, telephone bills, school expenses and other expected bills will not be considered)**

## Sources of household income and expenditure per fortnight

We will consider your household's income and expenditure to calculate whether you can contribute to a payment plan for your electricity account.

List details of the **total income** (after tax) for **all** members of your household **per fortnight** before Centrepay or any other automatic deductions.

List details of expenditure **per fortnight**

Government benefits \$

Pension

Newstart/Youth Allowance

Austudy/ABSTUDY

Household rent \$

Household mortgage payment \$

Household electricity bill \$

Employment \$

Household gas bill \$

Family Tax Benefit \$

Child maintenance payment(s) \$

WorkCover \$

Other \$

**Total household income per fortnight** \$

## Declaration: this section must be signed so your application can be progressed

1. I consent to the Queensland Government asking Centrelink and/or Department of Veterans' Affairs to determine and confirm my concession card status.
2. I authorise the non-government organisation or representative, as identified on page 1, to discuss details of my circumstances with my energy retailer and/or the Queensland Government for the purpose of assessing my application under the Home Energy Emergency Assistance Scheme.
3. I declare that all information I have given is true and correct and I understand that any fraudulent information provided in the application to obtain this assistance may lead to prosecution.
4. I authorise the release of information regarding my energy account by the energy retailer to the Queensland Government for purposes of assessing my application under the Home Energy Emergency Assistance Scheme.
5. I authorise for any assistance provided to be paid directly to the energy retailer.

Applicant name

If completing this form as an e-document please select the tick box

to indicate you have read and agree with the declaration above.

Date / /

or

If completing this form by hand please provide signature of the applicant

Your eligibility for assistance under the scheme will be determined on the information you have provided on this application form. Assistance cannot be provided if your reason outlined on the application is outside the scheme's eligibility criteria. Please ensure you have accurately completed all the required information.

**End of application form**