

Application for Assistance

Instantaneous Gas Water Heater Replacement

Office use
IGWH

- This form is part of your application for a grant of \$500 contributing to the cost of replacing an open flued instantaneous gas water heater **installed within a toilet or bathroom**.
- To claim this grant you need to provide a **copy** of your **Aged Pension card** or **Healthcare card** and a copy of the **quote** prepared by your gasfitter or plumber including their contact details.
- Please answer all the questions. If you do not answer all the questions on this form, assessment of your grant may be delayed.

Accepted

Not accepted

Signing officer

Date

Filling in this form

Print neatly in BLOCK LETTERS with a black or blue pen. Mark boxes like this with a ✓ or ✗

Who needs to complete this form?

Only persons with an Aged Pension card or a Healthcare card. **Landlords are not eligible to make application.**

Post your application, with attachments, to:

Energy Safe Victoria
PO Box 262, Collins Street West VIC 8007
DX 212569, Melbourne VIC

1 About you

Your name

Print your full name

Title

Full name

Your home address

No. and Street

Town or suburb

Postcode

Daytime phone number

2 Claim details

Attachments

Copy of Aged Pension card

Copy of Healthcare card

Copy of quote for replacement

Gasfitter or Plumber contact information

Name

Phone number

3 Statement

I declare that:

- I am the holder of an Aged Pension Card or a Healthcare Card.
- I am not a Landlord.
- The Instantaneous Gas Water Heater is located in either the toilet or the bathroom.

Signature

Date