

# Mayoral Disaster Relief Fund



TE KAUNIHERA Ā-ROHE O  
**ŌTOROHANGA**  
DISTRICT COUNCIL

Application for assistance grant

## Application details

Name of applicant

Contact number

Email address

## Which of these best describe you

☐

An individual

☐

A family

☐

A community organisation

☐

A small business

☐

A marae

☐

Other (*If other, specify why*)

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## Application property details

Residential address prior to storm

Current residential address

Mailing address (*if different from above*)

Number of family members affected

Adults

Children

## Please fill out this section if you are a community organisation or small business

Name of organisation or small business

## Please fill out this section if you are a marae

Location of marae

**Explain in detail what damage you experienced and what assistance you are seeking**  
*Please attach supporting information for verification of costs if available (quotes, receipts, invoices).*

**State details of an assistance you have already received or will receive from any other agency** *(including insurance claims)*

**Is the affected property owned by you or rented?**

☐ Owned ☐ Rented

**Insurance status**

☐ Insured ☐ Underinsured ☐ Uninsured

**Have you made a claim with EQC?**

☐ Yes ☐ No

**Please enter your bank account details and attach proof of your account number**  
*(deposit slip, copy of bank statement or download from online banking)*

Account number

Account name

**Declaration**

I certify that the information provided in this application is correct and if I provide false information I understand that my application will be null and void. I give permission for the Waikato District Council to verify the information provided with any other agencies that may be involved.

*Signature of applicant*

*Date*