

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*)

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