



KAIKŌURA MAYORAL EARTHQUAKE RELIEF FUND

Application for funding

Applicant details:

First name(s): _____

Male

Surname: _____

Female

What type of financial support are you seeking?	<input type="checkbox"/> An earthquake-related grant	<input type="checkbox"/> Covid-19 related rates relief
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Current residential address: _____

Current postal address: _____

Daytime phone number: _____

Other phone number: _____

Please tick one of these three boxes to show how you prefer us to contact you

Email address: _____

Names of other people usually living with you:

Names:

Relationship to you:

Please outline the nature of the financial loss or hardship, and the impact on your circumstances (attach further details if required).

Please describe the assistance you are applying for, and the amount you are seeking.

1: Are you a ratepayer and own property within the Kaikōura district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2: If you answered YES above, please state the valuation number or address of your property, if it is not the same property where you currently live:		
3: Are you a permanent resident of the Kaikōura district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4: Has anyone in your household applied for or received financial assistance from any other organisation relating to the earthquake and/or to Covid-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to question 4 above, please provide details of the amount received or applied for:

Organisation applied to:	Nature of assistance	Amount received
_____	_____	\$ _____
_____	_____	\$ _____

Please note that the Funds Allocation Panel may request additional information or seek an interview with you. All grants are subject to availability.

Please check that you have attached the following;

- Any documents or material that supports your application by demonstrating that the hardship or loss is due to the earthquake and/or to the Covid-19 pandemic

THE FOLLOWING IS FOR EARTHQUAKE-RELATED SUPPORT ONLY:

- A copy of an electricity account, phone account or bank statement showing your name and your usual residential address
- Details of the bank account you wish the grant to be paid in to (attach either a printed deposit slip, or a copy of a bank statement showing your name and account number)

Declaration:

I/we declare that the information provided is true and correct. I/we understand this application may be declined if any of the above information is not correct. I/we grant permission for the Kaikōura District Council to contact other relevant government or non-government organisations for the purpose of considering this application. I/we also understand the Privacy Act 1993 entitles me to have access to, and if necessary request correction of, the information.

Applicant signature: _____ Date: _____

Please complete all questions, attach all supporting documents, and send to either of the following:

Kaikōura District Council
PO Box 6
Kaikōura

Deliver by hand to:
Level 2, 96 West End
Kaikōura

or send to:
Fax (03) 319-5308
Email sheryl@kaikoura.govt.nz