



# KAIKOURA MAYORAL EARTHQUAKE RELIEF FUND

## Application for funding

Applicant details:

First name(s): \_\_\_\_\_

Male

Surname: \_\_\_\_\_

Female

Usual residential address  
prior to the earthquake: \_\_\_\_\_

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 on the day of the earthquake (14 November 2016)

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.

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Are you, or anyone in your household, a ratepayer and own property within the Kaikoura district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household applied for or received financial assistance from any other organisation relating to the earthquake?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to the second question above, please provide the organisation name and the amount received or applied for:

Organisation	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
- 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 Kaikoura 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:

Kaikoura District Council PO Box 6 Kaikoura	Deliver by hand to: Level 2, 96 West End Kaikoura	or send to: Fax (03) 319-5308 Email <a href="mailto:kdc@kaikoura.govt.nz">kdc@kaikoura.govt.nz</a>
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