**Application for an emergency grant (individuals and families)**

Please read the accompanying notes on the city council’s webpage before beginning an application. Complete the form as fully as you can.

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| **Name of applicant** | Mr/Ms/Mrs/Miss/Other |
| **Address for correspondence** | Postcode |
| **Usual address (if currently in temporary lodgings)** |  |
| **Contact telephone numbers** | Daytime:Evening:Mobile: |
| **Amount requested from this fund** |  |
| **Email address** |  |
| **Number of people in your household** |  |
| **Of those, number aged over-70** |  |
| **Number aged under-5** |  |
| **Number receiving Disability Living Allowance, Incapacity Benefit or Attendance Allowance** |  |

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| **Type of house (*please circle as appropriate*)** |
| **Detached** | **Semi-detached** | **Terraced** | **Bungalow** | **Flat** | **Other** |

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| **Is this property your sole and main residence?*****(please circle as appropriate)*** | **Yes/No** |

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| **Are you (*please circle as appropriate*)** |
| **An owner** | **A tenant****Landlord’s name:** |

**Briefly describe the impact of the flood and damage caused. If possible, please provide photographic evidence to verify the damage.**

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**If awarded, what would the funding help with?**

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|  | **Brief details** | **Cost** |
| **Cleaning up** |  |  |
| **Emergency repairs** |  |  |
| **Clothing** |  |  |
| **Food and drink** |  |  |
| **Household goods** |  |  |
| **Accommodation costs** |  |  |
| **Other** |  |  |

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| **Do you have the means to cover the costs included in this application, in full or in part?** |

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| **Which of these benefits does anyone in your household receive (we may ask to see proof)? *(please circle as appropriate)*** |
| **Income support** | **Income based job seekers allowance** |
| **Pension credit** | **Housing benefit** |
| **Council tax benefit** | **Other**  |

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| **Are you fully insured? (circle as appropriate)** | **Yes/no** |
| **If YES, who is the insurer?** |  |
| **Type of insurance (eg buildings, contents)** |  |
| **If NO, please explain why** |
| **Have you made a claim under your insurance policy and have you received payment?** |  |

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| **Have you applied for any other funding or help? If yes, please provide details below.** |
| **Funder** | **Type of support/amount of funding** | **Applied for/received** |
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| **If the application is successful, payment will be made by cheque. Please provide below the payee name that the cheque should be made out to.** |
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**Declaration**

1. I am authorised to make this application.
2. I certify that the information provided in this application is correct.
3. I give permission for the organisations involved in providing this funding to record the information in this form electronically.
4. I understand that I may be asked to participate in publicity and evaluation activities related to these funds

The fund holder reserves the right to reclaim any money which has been paid as a result of fraudulent or misleading claims.

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| **Signature (please sign)** |  |
| **Name (please print)** |  |
| **Date** |  |