

## 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.

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

Type of house ( <i>please circle as appropriate</i> )					
Detached	Semi-detached	Terraced	Bungalow	Flat	Other

Is this property your sole and main residence? <i>(please circle as appropriate)</i>	Yes/No
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Are you ( <i>please circle as appropriate</i> )	
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.**

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

	Brief details	Cost
Cleaning up		

<b>Emergency repairs</b>		
<b>Clothing</b>		
<b>Food and drink</b>		
<b>Household goods</b>		
<b>Accommodation costs</b>		
<b>Other</b>		

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

**Which of these benefits does anyone in your household receive (we may ask to see proof)? (please circle as appropriate)**

<b>Income support</b>	<b>Income based job seekers allowance</b>
<b>Pension credit</b>	<b>Housing benefit</b>
<b>Council tax benefit</b>	<b>Other</b>

<b>Are you fully insured? (circle as appropriate)</b>	<b>Yes/no</b>
<b>If YES, who is the insurer?</b>	
<b>Type of insurance (eg buildings, contents)</b>	
<b>If NO, please explain why</b>	

<b>Have you made a claim under your insurance policy and have you received payment?</b>	

<b>Have you applied for any other funding or help? If yes, please provide details below.</b>		
Funder	Type of support/amount of funding	Applied for/received

<b>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.</b>

**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.

<b>Signature (please sign)</b>	
<b>Name (please print)</b>	
<b>Date</b>	