

## Mayoral Relief Fund Application 2022 Event

### Grant Purpose:

The Mayoral Relief Fund has been established to provide financial support to the residents and community groups of the Horowhenua District who have been affected by the Tornado Event of May 2022.

It is intended that this grant will provide short-term financial assistance for essential needs not covered by insurance. It is hoped that the grant will go some way towards helping to alleviate the emotional and financial stress experienced by individuals and families due to the Tornado Event.

### Details of Applicant:

#### Name

Individual       Organisation

Organisation Name

Title      First Name      Last Name

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#### Street Address

#### Town

#### Contact Person

#### Email Address:

#### Mobile Number:

Prefer Mobile, but landline ok

### Household Details

#### Please provide address of the property impacted:

**No of Adults in Household**

**Number of Children in Household:**

Under 18 years

**Do you own or rent property in the Horowhenua District?**

- Own  
 Rent

**Do you have home insurance?**

- Yes  
 No

**Do you have contents insurance?**

- Yes  
 No

**Was your house categorised by Building Inspector? If yes, please provide status/  
details:**

Grant Application:

**Please describe what you are applying for:**

**Amount applied for:**

\$

Must be a dollar amount.

**Please provide evidence (such as invoices or receipts):**

Attach a file:

**Please upload photos of any damage:**

Attach a file:

**Please briefly describe the impact of the Tornado on your household and you/  
whānau:**

This is

**Are you able to return to your home in the foreseeable future?**

- Yes  
 No

**If you currently receive any financial or housing support from agencies such as WINZ, MSD or Kainga ora, please provide details:**

MSD Benefits or Payments, Food Parcels

**Nominated Bank Account Details:**

Please provide your bank account details in order to ensure funds can be released to you should your application be successful.

**Please ensure verification of your bank account is attached (eg bank printout, screen shot of bank account details):**

**Please upload certification of your bank account**

Attach a file:

**Declaration**

- I grant permission for Horowhenua District Council to verify the information with any other agencies that may be involved.
- I also understand the Privacy Act 2020 entitles me to have access to, and if necessary seek correction of, the information held.
- I certify that the information provided in this application is, to the best of my knowledge, true and correct.
- I understand that, if any false information is given or any material fact suppressed on this application or supporting information, or there is found to have been an inappropriate use of granted funds, Council may seek to recover funds or take further action.

**Full Name:**

**Signature:**

**Date:**

Email the application to Jacinta Straker, Group Manager Business, Horowhenua District Council  
jacintas@horowhenua.govt.nz  
or drop it off to Council's Main Office at 126 Oxford Street, Levin or post it to us at Private Bag 4002,  
Levin 5540.