

WAIRARAPA MAYORAL RELIEF FUND

Application for Cyclone Gabrielle Assistance

A Wairarapa Mayoral Relief Fund has been set up for people affected by Cyclone Gabrielle. As the financial amount available is limited, priority for support will be given to:

- provision of essentials for daily life, transport needs and household contents
- rebuild/recovery costs of building damaged by water or storm damage
- essential items not covered by insurance or other funds.

The fund is only available to those affected by Cyclone Gabrielle in February this year.

Please return your completed form to the Wairarapa Mayoral Relief Fund at:



Any Wairarapa council service desk

Masterton District Council:	161 Queen Street, Masterton
Carterton District Council:	28 Holloway Street, Carterton.
South Wairarapa District Council:	19 Kitchener Street, Martinborough



Any Wairarapa library

Masterton District Library:	54 Queen Street, Masterton
Carterton District Library:	50 Holloway Street, Carterton
Featherston Library:	70 Fitzherbert Street, Featherston
Greytown Library:	89 Main Street, Greytown



Your local Wairarapa Council postal address

Masterton District Council:	PO Box 444, Masterton 5840
Carterton District Council:	PO Box 9, Carterton 5743
South Wairarapa District Council:	PO Box 6, Martinborough 5741



wairaraparecovery@gmail.com



Personal Details

Name:

Phone:

Email:

Usual residential address:

Current Residential address

Mailing address:
(if different from above):

Are you applying on behalf of a: Household Business Club or Society Group

Number of family members: Adults: Children:

Do you have household insurance? Yes No

Do you have contents insurance? Yes No

Explain the damage you experienced:

Give details of the assistance you require:

Funds requested: \$

Give details of any assistance you have sought from alternative funding sources (e.g. Work and Income) and assistance already received (including insurance claims):

Account Details

Please clearly enter your bank account details below. Attach a verified deposit slip from your bank if possible, as illegible entries cannot be processed and fund administrators do not take responsibility for account details supplied incorrectly.

Account Number:

Account Name:

Declaration

I certify that the information provided in this application is correct. If I provide false information, I understand that my application will be null and void. I give permission for the Mayoral Trust Advisory Group to verify the information provided with any agencies that may be involved. I understand that the information provided will only be used for the purpose for which it is collected, i.e. the Mayoral Relief Fund.

Signature:

Date:



**SOUTH WAIRARAPA
DISTRICT COUNCIL**
Kia Reretahi Tātau



Te Kaunihera-ā-Rohe o Taratahi
CARTERTON
DISTRICT COUNCIL