

CONFIDENTIAL

Cumbria Flood Recovery Fund

Support for Individuals and Families Application Form

To save to your computer highlight all this text area, right click and Copy. Open a new Word document, right click and Paste. You can then complete the form but need to post it back.

PLEASE RETURN THIS FORM TO

Cumbria Community Foundation, Dovenby Hall, Cockermouth CA13 0PN
telephone 01900 825760 fax 01900 826527 email: enquiries@cumbriafoundation.org

Please read the advisory notes before completing the form. If you are unsure about the meaning of any section please contact a Grants Officer on 01900 825760. Complete the form as fully and clearly as possible in black pen or type.

1. Name of applicant Mr/Ms/Mrs/Miss/other

2. Address for correspondence

Postcode

3. Usual address if different

4. Telephone numbers daytime first

5. Email

6. Number of people in your household

7. Of those, number aged over 70 or under 5
or receiving Disability Living Allowance, Incapacity Benefit or Attendance Allowance

8. Type of house * detached / semi-detached / terraced / bungalow / flat * *delete as appropriate*

9. Are you * an owner / a tenant? * *delete as appropriate*

Landlord's name *if applicable*

10. Describe the impact of the flood or storm (eg house flooded, loss of electricity)

11. How much have you in outstanding loans? *if any*

12. How much is your overdraft? if any

13. Have you talked to your bank? * yes / no * *delete as appropriate*

What has the bank agreed?

14. What savings do you have? £

15. What is the total income in your household? Specify amount weekly / monthly / yearly

16. Which of these benefits does anyone in your household receive? *delete as applicable* Income support / Income based jobseeker's allowance / Pension credit / Housing benefit / Council tax benefit *We may ask to see proof of this*

17. Are you fully insured? yes / no *delete as applicable*

18. Have you applied for any other funding (eg Social Fund)? yes / no *If so please give details*

Please name funders, whether applied or secured and amount

19. What will the fund help with?

Please give brief details and estimated cost for each heading

Cleaning up
Emergency repairs
Clothing
Food and drink
Heating and heating equipment
Cookers and kettles
Child care equipment
Beds and bedding
Basic furniture
Other please state
Total

20. If you want a cheque making out to a different name from question 1 state name here

Data protection: Cumbria Community Foundation will process information on this form. We will hold the information on computer. We may provide copies of the details to partner organisations including government bodies (eg Department for Work and Pensions or local council). Please say here if you do not want us to share information with other organisations.

Please include a copy of a document with your name and address such as a driving licence, electricity bill or bank statement

The Foundation reserve the right to reclaim any money which has been paid as the result of fraudulent or misleading claims

Signed

This needs to be a personal signature and the form returned by post