

Cumbria Disaster Fund

Support for Individuals and Families Application Form

PLEASE RETURN THIS FORM VIA EMAIL: grants@cumbriafoundation.org alternatively you can post it to Cumbria Community Foundation, Dovenby Hall, Cockermouth CA13 0PN

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 or email enquiries@cumbriafoundation.org

Name of applicant	Mr/Ms/Mrs/Miss/other
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Address for correspondence		
		Postcode

Usual address <i>if different</i>		
		Postcode

Best daytime contact number		Alternative daytime contact number	
Mobile phone			
Email			

Number of people in household	
Of those, how many aged over 70	
Of those, how many aged under 5	

Is there anyone receiving *tick as appropriate*

Disability Living Allowance Incapacity Benefit Attendance Allowance Personal Independent Payment

Type of housing *tick as appropriate*

Detached Semi-detached Terraced Bungalow Ground floor flat Upper floor flat

Owner **Tenant**

Landlord's name <i>if applicable</i>	
Address	
Contact number	

Describe the impact of the disaster on your household *e.g. impact of house flooding.*

Financial situation

This confidential information is needed as we are unlikely to be able to fully fund everyone. Please do not be put off applying because of your income.

How much do you have in outstanding loans and mortgages? <i>if any</i>		
How much do you have available in your overdraft? <i>if any</i>		
If you have spoken to your bank, what have they agreed?		
What savings do you have? <i>if any</i>		
What is the total gross income in your household (before deductions)?	<i>Before Floods</i>	<i>After Floods/Storm</i>
	weekly / monthly / yearly	weekly / monthly / yearly

Which of these benefits does anyone in your household receive? *tick as appropriate (we may ask for proof).*

Income Support Income based Jobseeker's Allowance Universal Credit Pension Credit
 Employment Support Allowance Housing Benefit Council Tax Benefit

Are you fully insured? *tick as appropriate* Yes No If yes, what is your excess? _____

Have you received/applied for any other funding? Yes No

If yes please name funders, whether applied or secured and amount:

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What will the Disaster Fund help with?

Please give brief details and estimates of any additional costs incurred, that aren't covered by insurance:

Description	Details	£
Cleaning up		
Emergency repairs		
Clothing		
Additional food and drink		
Heating costs and equipment		
White goods, cookers etc.		
Beds and bedding		
Basic furniture		
Other <i>please state</i>		
Total		

Please provide your bank account details:

Account Name:	Account No:	Sort Code:
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By submitting this form you agree to allow Cumbria Community Foundation to retain your personal data on its database. We will use this information to help us assess your application and administer any grant we award. We may share your personal information with Cumbria County Council and other local voluntary providers of services in order to coordinate the provision of services to victims of disasters. You agree that as part of the terms and conditions of being awarded a grant you be asked to: (1) provide evidence of how your grant has been spent and (2) complete a monitoring form and/or receive a monitoring visit from Cumbria Community Foundation.

You also agree that the information you have provided is correct. The Foundation reserves the right to report any claims that they consider fraudulent to the Police and to reclaim any money which has been paid as the result of fraudulent or misleading claims.

Signature	Date
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PLEASE PROVIDE A COPY OF A DOCUMENT WITH YOUR NAME AND ADDRESS SUCH AS A VALID DRIVING LICENCE, RECENT ELECTRICITY BILL OR BANK STATEMENT