

SCHEME OF EMERGENCY FINANCIAL ASSISTANCE

SURVEY FORM – To be completed by the Council’s Inspector in INK and BLOCK CAPITALS

Details of flooding.....

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Depth of water (cms).....

Description of contamination and impact of contamination in the following areas:

(a) Living areas: *Significant flooding of homes*

(b) Under-floor areas:

(c) Garage / utility areas: *where **essential primary utilities** are installed and have been damaged or are unusable (list all utilities)*

(d) Storage areas where flooding has caused severe inconvenience as a result of damage to utilities:

(e) Damage to septic tanks, resulting in facilities being temporarily out of order:

Does the householder require further assistance with:

Making an insurance claim **Yes/No**

Contacting the Social Security Agency **Yes/No**

Other, please specify in space below, e.g. disability **Yes/No**

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.....

To be completed **ONLY** when a property has been fitted with flood protection measures, under the Homeowner Flood protection Scheme

To be completed by Dfl Rivers Officer

Has the property been fitted with flood protection measures, under the Homeowner Flood Protection Grant Scheme? **Yes/No**

If so, where all measures deployed or installed prior to flooding? **Yes/No**

Provide details (if yes, were defences breached? / if no, reason for not installing/utilising measures)

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Have the measures been maintained in accordance with the schedule of maintenance provided by the approved installation contractor? **Yes/No**

If no, provide details

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In your opinion is the applicant eligible to be considered for assistance under the Scheme of Emergency Financial Assistance? **Yes/No**

Comments:

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.....

Print Name Date

Signature

To be completed after inspection – by Council’s Inspector

In your opinion has the applicant been severely inconvenienced as a result of flood damage? **Yes/No**

Comments:
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Print Name..... Date.....

Signature.....

Time to complete inspection:hrsmins Total mileage:miles

REVIEW AND APPROVAL – to be completed by Environmental Health Manager

“I certify that the details passed have been checked, signed off by the inspecting officer and added to the council’s database in relation to flooding.

I confirm that this application is **eligible** for the £1,000 payment and ready to be processed by the Finance Department.”

OR

I can confirm that this application is **not eligible** for the £1,000 payment.”

Print Name..... Date.....

Signature.....

For Finance Department Use Only

Authorised for payment

Print Name..... Date.....

Signature.....

APPEAL PROCESS (Where applicable)

To be completed after second inspection by a different Council Inspector

In your opinion has the applicant been severely inconvenienced as a result of flood damage? **Yes/No**

Comments:

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Print Name..... Date.....

Signature.....

Time to complete second inspection:.....hrsmins Total mileagemiles

REVIEW AND APPROVAL OF APPEAL – to be completed by Environmental Health Manager

“I certify that the details passed have been checked, signed off by the second inspecting officer and added to the council’s database in relation to flooding.

I confirm that this application is **eligible** for the £1,000 payment and ready to be processed by the Finance Department.”

OR

I can confirm that this application is **not eligible** for the £1,000 payment.”

Print Name..... Date

Signature

For Finance Department Use Only

Authorised for payment

Print Name Date

Signature.....