

## SCHEME OF EMERGENCY FINANCIAL ASSISTANCE

## HOUSEHOLDERS APPLICATION FORM – Please complete in INK and BLACK CAPITALS

Reference number (for office use only) .....

Date of incident..... Date of Property Inspection.....

Approximate start time of incident .....

Householder's Name .....

Address of Property Affected .....

..... Post Code .....

Contact telephone number .....

(To make arrangements for collection of a cheque if your application is successful)

**NOTE: the applicant will need to present photographic identification and a recent utility bill before the cheque can be released.**

Are you (a) the owner of the property

(b) a tenant - private rented

- Housing Executive rented

- Housing Association rented

- Other (please specify type) .....

If rented Name of Owner .....

Address of Owner .....

.....

.....

Number of occupants .....

If owned, is this your (a) Main residence (b) second/holiday home At the time of flooding was the property (a) occupied (b) vacant 

**NOTE: vacant properties, second/holiday homes and landlords are all excluded from the Scheme**

Do you have Insurance? (a) Buildings   
(This will not affect your entitlement) (b) Contents

Do you have a bank account? Yes   
No

Have you or anyone in your household received an immediate payment for emergency financial assistance within the last 12 months? Yes   
No

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

If so, were all temporary demountable measures installed? Yes   
No

**NOTE: the homeowner will not be eligible under the scheme if they have failed to maintain the equipment in accordance with the schedule of maintenance provided by the approved installation contractor, replace any damaged or missing elements of the defence system and/or install all temporary demountable measures, when there has been adequate warning of heavy rainfall or a potential flood event.**

### **DECLARATION BY HOUSEHOLDER**

I confirm that as a result of the flooding incident on..... I have suffered severe inconvenience.

I also confirm that I have read and received a copy of the Departments Finance Council Liaison Privacy Notice (Annex C(iii)) and agree to the details/terms therein.

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

Signature.....

**NOTE: Annex C (iii) should be detached and passed to the householder**

**SCHEME OF EMERGENCY FINANCIAL ASSISTANCE**

**ASSESSING or RELEVANT OFFICERS ASSURANCE FORM – To be completed by the assessing or relevant council officer in INK and BLOCK CAPITALS**

Householder's Name.....

Address of Property Affected.....

..... Post Code.....

Photographic ID produced, (*Please tick*);

A UK, Irish or EEA Driver's License     

A UK, Irish or EU passport                     

An Electoral Identity Card                     

Other, please specify below,                     

.....

.....

Proof of Residency produced, (*Please tick*);

Utility Bill   

Bank Statement                                     

HMRC Letter   

Other, please specify below,                     

.....

.....

**Declaration: I confirm that I have viewed documentation to verify that the Householder is resident at the affected address, according to Article 26 of the Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1992.**

(*Please tick*) Yes       No

Assessing or Relevant council officer's Name, (Please Print in BLOCK CAPITALS);

..... Date.....

Signature.....      Job holder title.....