

# Mayoral Relief Fund 2025

## Mayoral Relief Fund Application 2025 Event

\* indicates a required field

### Grant Purpose

Horowhenua District Council activated a Mayoral Relief Fund to provide financial assistance for those who were impacted by the tornado on Tuesday 8 April, 2025.

This relief fund is for people in the Horowhenua area who have suffered as a result of the 8 April, 2025.

This fund can help with remedying property damage from the tornado or other costs incurred as a result of the severe weather event, including essentials for daily life and costs not covered by insurance.

The Mayoral Relief Fund is now open for applications for emergency assistance for individuals, families, groups and community organisations.

#### **Assistance may be given to fund:**

- Damaged property
- Essentials for daily life
- Costs not covered by insurance
- Where there is financial burden due to the tornado event

#### **Criteria and relevant information**

- Applications must be connected with the 8 April 2025 tornado and within the Horowhenua District
- Each application will be dealt with on its own merits
- Only one application per household or organisation
- Grants will be one-off only
- When funds are granted, they must be used for the purpose outlined in the application submitted
- Applicants will need to declare if they have received financial or other assistance ie: from Work and Income – financial assistance, food parcels, or funding from any other organisation in relation to this tornado event (funding source to be specified.)
- Council will meet its legislative obligations under the Privacy Act 2020 with regard to protecting your information provided in the application.
- Initially, as people apply, we may grant up to \$1,000. We will reassess how much funding is available and may allocate any remaining money to applicants. The Committee has the discretion to award higher amounts, where it is justified and proven.

### Details of Applicant:

#### **Name \***

☐ Individual      ☐ Organisation

Organisation Name

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Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Street Address \***

**Town \***

**Contact Person \***

**Email Address: \***

**Mobile Number: \***

Prefer Mobile, but landline ok

## Household Details

**Please provide address of the property impacted: \***

**No of Adults in Household \***

**Number of Children in Household:**

Under 18 years

**Do you own or rent property in the Horowhenua District? \***

- ☐ Own  
☐ Rent

**Do you have home insurance? \***

- ☐ Yes  
☐ No

**Do you have contents insurance? \***

- ☐ Yes  
☐ No

Grant Application:

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**Please describe what you are applying for: \***

Assistance may be given for costs not covered by insurance, for damaged property, essentials for daily life, counselling, financial burden due to the tornado event.

**Amount applied for: \***

Must be a dollar amount.

**Please provide evidence (such as invoices or receipts): \***

Attach a file:

**Please upload photos of any damage: \***

Attach a file:

**Please briefly describe the impact of the Tornado on your household and you/whānau: \***

**If you currently receive any financial or housing support from agencies such as WINZ, MSD or Kainga ora, please provide details: \***

Are you in a Kainga ora home, receive MSD Benefits or top up payments, food parcels etc

**Nominated Bank Account Details:**

Please provide your bank account details in order to ensure funds can be released to you should your application be successful.

**Please ensure verification of your bank account is attached (eg bank printout, screen shot of bank account details):**

**Please upload certification of your bank account \***

Attach a file:

**Declaration**

- I grant permission for Horowhenua District Council to verify the information with any other agencies that may be involved.

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- I also understand the Privacy Act 2020 entitles me to have access to, and if necessary seek correction of, the information held.
- I certify that the information provided in this application is, to the best of my knowledge, true and correct.
- I understand that, if any false information is given or any material fact suppressed on this application or supporting information, or there is found to have been an inappropriate use of granted funds, Council may seek to recover funds or take further action.

**Name:**

**Date:**

Must be a date.