

# Application Form 2025/26 Q3

## Form Preview

### Qualifying Questions

\* indicates a required field

#### Please Note

Any payments made by Mayor's Welfare Fund are paid directly to the company that the money is owed to. Payments are **never** made to the applicant.

Mayor's Welfare may assist with arrears in rent, power and childcare. It may also assist with some medical costs, funeral costs and costs for children such as school camps, learning assessments or a chrome book for school.

#### **Have you received assistance from Mayor's Welfare in the last 12 months \***

Yes  No

If YES - You do not qualify for assistance under the Mayor's Welfare criteria (applicants may only receive support from MWF once in a 12 month period)

#### **Have you been declined by MSD/Work & Income \***

Yes  No

If NO - Please approach MSD with a request for assistance. If they decline you, please ask for a decline letter which you can use to apply to the Mayor's Welfare Fund.

#### **Do you live in the Christchurch City Council rating area \***

Yes  No

If NO - You do not qualify for assistance under the Mayor's Welfare criteria

*If you are unsure whether you reside in the Christchurch City Council area, please use this [interactive map](#).*

### Sorry but you do not qualify for Mayor's Welfare assistance

Unfortunately, based on the criteria above, you do not qualify for assistance from the Mayor's Welfare Fund.

\*

### Application Information

\* indicates a required field

#### Your details

First name \*

Last name \*

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Also known as

Applicant contact phone number \*

Date of birth \*

Must be a date.

Applicant email \*

Applicant address \*

Which suburb do you live in

### Which of the following do you need assistance with?

- |   |  |
|---|--|
| <input type="checkbox"/> Power/Electricity/Gas Arrears                                    | <input type="checkbox"/> Child Care Arrears          |
| <input type="checkbox"/> Rent Arrears (MWF is unable to assist with Tenancy Bonds)        | <input type="checkbox"/> Medical Costs               |
| <input type="checkbox"/> Funeral Costs (excluding Travel, Food or accommodation)          | <input type="checkbox"/> Child Enrichment            |
| <input type="checkbox"/> Firewood (April - August only (quotes are NOT required for this) | <input type="checkbox"/> Other: <input type="text"/> |

MWF is unable to assist with Rates Arrears, Phone Bills, Internet Charges, Food, Car Repairs and Patrol or Tenancy Bond

### Why do you need Mayor's Welfare Fund assistance?

Help us understand **why** you need assistance and **what your situation is** so we can better assess your case.

Please give some details as to why you need assistance not just "cannot pay rent".

### Please describe the need for assistance from Mayor's Welfare Fund \*

Word count:

Must be no more than 300 words.

For example, benefit means money is tight, or made redundant or other key information.

### Amount requested

#### Total Amount Requested \*

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Required Documents

Your application will not be considered until these documents are received.

MSD must have been approached and asked to support you for the costs you are requesting and if you are declined, they will supply you with a decline letter. Please Upload this here:

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Photo ID can be drivers licence, Passport or Community Services Card. You can take a photo of these or scan and upload them.

### **MSD Decline letter \***

Attach a file:

### **Photo ID \***

Attach a file:

Drivers licence, Passport or Community Services Card

## Bank Statements

### **Bank Statement including name and transactions of at least 4 weeks \***

Attach a file:

Please upload full bank statements. Screenshots of bank accounts are not accepted.

## Upload evidence of your Rent arrears

All evidence must be in your name, state the amount of arrears and have the bank details the payment needs to be paid to.

You can upload more than one document if needed using the button below.

### **Upload rent arrears information - this could be a letter stating the arrears or any overdue notice. \***

Attach a file:

## Power/Electricity/Gas bill upload

All evidence of the arrears must be in your name, state the amount of arrears and have the bank details the payment needs to be paid to.

You can upload more than one document if needed using the button below.

### **Power/electricity/gas bill \***

Attach a file:

Please upload the full invoice. Screenshots of the power account are not accepted.

## Funeral costs

All evidence must be in your name, state the amount of arrears and have the bank details the payment needs to be paid to.

You can upload more than one document if needed using the button below.

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### Funeral Costs \*

Attach a file:

### Child care arrears

All evidence must be in your name, state the amount of arrears and have the bank details the payment needs to be paid to.

You can upload more than one document if needed using the button below.

### Child care arrears \*

Attach a file:

### Medical Costs

#### Which of the medical costs below are you applying for?

Dental  Adult Learning Assessment  Other:

#### Upload your medical bill here \*

Attach a file:

You can upload more than one file

### Child Enrichment

#### Which of the child enrichment categories describes your need?

Learning Assessment  School Camps  Chrome Books  Other:

#### Upload child enrichment costs here \*

Attach a file:

You can upload more than one file

### Optional additional documents to support your application

#### Please attach the relevant documents to support your application for example:

- Disconnection Notice
- Tenancy Tribunal hearing
- Statement from school on requirements for chrome books
- Statement of support for learning assessments from social worker or school.

#### Optional additional documents

Attach a file:

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### Questions towards the household

These questions are asked to help us better understand who, in our community, is seeking support. Any responses utilised for data analysis will be anonymous.

These questions are collected solely for the purposes of identifying potential gaps, and improving the service that the Mayor's Welfare Charitable Trust provides.

**Number of people living in the household \***

**Who is living in your household \***

- Partner  Parent  
 Flatmate  Children

**Number of children living in household \***

Must be a number.

**What is your age group**

- Under 25 years  
 Aged between 25 - 50 years  
 Aged between 50 - 65 years  
 Aged 65 +

**Iwi**

if applicable

### Declaration - I confirm that:

I have read and accept the Christchurch City Council's [Grant Terms and Conditions](#) [PDF 30KB].

For processing this application and assessing eligibility, I authorise the Council to:

- Collect personal information about this application and disclose such information to relevant third parties, and
- Contact third parties involved, including, but not limited to, dentist/power company/property manager in relation to this application, and
- Collect, retain, use, and disclose personal information about individuals who are noted in this application, and

I/we solemnly declare that the details contained in this application are true and correct to the best of my knowledge.

\*

- Yes I confirm the above