

Application Form for organisations on behalf of individuals

Form Preview

As the agency applying on behalf of someone else

Note:

If you are submitting this form on behalf of another individual, **please ensure you have that individual's consent**. It is your responsibility to ensure that the applicant is aware that their personal information is being provided to the Council as part of this application.

By completing this form on behalf of the applicant we expect that you have a thorough understanding of their situation. Applicants need to be in **genuine extreme hardship**. Mayor's Welfare is a last resort for when people have exhausted all other appropriate sources such as WINZ.

Which type of agency are you?

- | | | |
|--------------------------------------|---|---------------------------------|
| ☐ Support Agency | ☐ Government Agency | ☐ MP Office |
| ☐ Budget Advisor | ☐ School | ☐ Other: |
| | | <input type="text"/> |
| ☐ Social Worker | ☐ Tenancy Protection Services | |

Select your agency name from this list or type it on the other section if your agency does not appear on the list.

Other:

Your contact details

Please give us your details in case have any questions regarding this application.

Name of Agent/Support Worker

Referrer/Agent email

Organisation Name

Referrer/Agent phone

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.

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Mayor's Welfare may assist with arrears in rent, power and childcare. It may also assist with some medical costs and costs for children such as school camps, learning assessments or a chrome book for school. Criteria may change without notice.

Applicants must live in the Christchurch ratable area.

The following questions relate to the person requiring assistance

* indicates a required field

Individual requiring assistance - contact information

Please give us the details of the person requiring assistance.

First name *

Last name *

Also known as

Applicant contact phone number *

Date of birth *

Must be a date.

Applicant email *

Applicant address *

Applicants suburb

Why do we ask this? To allow us to track areas where there is greater need.

For Schools requesting assistance for multiple students

Student First name	Student Last Name	Item requested

Which of the following is needed? *

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

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

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Why is assistance needed

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?

Rent arrears evidence

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:

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:

Child Enrichment

Which of these categories describes the need?

☐ Learning Assessment ☐ School Camps ☐ Chrome Books ☐ Other:

Upload your bill related to the child here *

Attach a file:

You can upload more than one file

Medical Costs

What type of the medical cost do you need?

☐ Dental ☐ Adult Learning Assessment ☐ Other:

Upload your medical bill here *

Attach a file:

You can upload more than one file

Optional additional documents to support this application

Please attach the relevant documents to support this 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.

Attach a file:

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Questions about the applicant's circumstances

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 applicant's household *

Number of children living in applicant's household *

Must be a number.

Who is living in the applicant's household *

- | | |
|-----------------------------------|---|
| ☐ Partner | ☐ Children |
| ☐ Flatmate | ☐ Only applicant |
| ☐ Parent | |

Applicants age group

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

Iwi

if applicable

Declaration - I, the person completing this application, confirm that:

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

I confirm that the applicant has proven they are in hardship, that they live in the Christchurch rateable area and that they are the person listed in the application who is responsible for the debt requested.

For processing this application and assessing eligibility, I have the authority from the applicant to create this application, and they are aware that I will disclose relevant personal information to the Council. This authority also allows me to 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/MSD 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 our knowledge.

- ☐ Yes I confirm the above