

Lennox Head Tornado Appeal Fund Application for Appeal Funds

SECTION 1 – ALL APPLICANTS TO COMPLETE THIS SECTION

Please print clearly.

Please circle the appropriate response – YES or NO

Title (Mr/Mrs/Ms, etc) _____ Surname _____ First name _____

Property address (affected) _____

Postcode _____

Residential address (actual address, not a PO Box) _____

Postcode _____

Postal address (if different from above) _____

Postcode _____

Bank Details Branch no. _____ Account no. _____

Account held in the name of: _____

Occupation _____

Home phone no. _____ Mobile phone no. _____

Fax _____ Email _____

What is your primary source of income? _____

What is your household income? (circle) Under \$30,000 \$30,001 to \$50,000 Over \$50,000

Do you have any other source(s) of income? _____

Are there any other individuals/members of this household/owners of the affected property applying for assistance? YES / NO If YES, please provide details and reason(s) for application.

Please note that each application will be considered on its own merits with regard to the funds available

TO PROCEED WITH THIS APPLICATION YOU MUST SIGN THE PRIVACY STATEMENT OVERLEAF

APPLICATIONS CLOSE July 31st, 2010

PRIVACY STATEMENT

I/we understand that:

- The Lennox Head Tornado Appeal Fund is collecting information on this form for the purposes of determining my/our eligibility for financial assistance.
- This information will be shared with relevant Local, State and Commonwealth agencies for purpose of determining eligibility and for verifying that the information provided is true and correct.
- If I am unable to provide this information upon request, the Fund will be unable to process my application.
- The Fund may need to verify these details, and this may involve contacting health services, councils, insurance companies, employers, and government and non-government departments and agencies.
- When I provide the Fund with information about other individuals, the Fund relies on me to make those individuals aware that such information will or may be provided to the Fund as part of the application process.
- The information may be cross-checked with other applications.
- The Statutory Declaration must be signed in front of a Justice of the Peace.

I/we agree with the stated purpose YES / NO

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

Type of assistance being applied for

- If you are applying for assistance as an individual/household, see Section 2
- If you are applying for assistance as a small business/farmer, see Section 3
- If you are applying for assistance on behalf of a community/volunteer group, see Section 4

Please attach extra pages if you need more space to respond to any questions.

Where do I lodge the application? Post to:

Lennox Head Chamber of Commerce PO Box 11, Lennox Head NSW 2478

SECTION 2 – INDIVIDUAL/HOUSEHOLD ASSISTANCE

Is the address listed in Section 1 your principle residence? YES / NO

What is your type of occupancy of the affected residence? (You can indicate more than one category)

Owner Owner/occupier Tenant Sole occupier Share house Family

Other (please describe) _____

Did you have any dependants/tenants/co-habitants living with you? YES / NO

If YES, please provide details

Surname	First name	Relationship	Age

Please detail the property belonging to you that was destroyed or damaged as a result of the tornado. Indicate the extent of damage and estimate the cost of repair/replacement.

Are any of these losses covered by insurance? YES / NO If YES, please list items insured and amount.

Please provide details of your insurance company and policy number.

Have your individual/family expenses increased as a result of the tornado? YES / NO

If YES, please list the areas of increased expenditure.

What are your/your family's most urgent needs? Please describe (eg repairs, outstanding bills, food)

Have you already applied for or received any other type(s) of assistance for this incident? YES/NO

If YES, please provide details and/or \$ amount.

Funding Assistance	Received			Amount \$
	Yes	No	Awaiting advice	
State Government - support payment				
Centrelink – support payment				
Accommodation Assistance				
Assistance from the Recovery Centres				
Department of Economic Development – State Government – Clean-up and assistance grant for small business				
Department of Economic Development – Clean-up and assistance grant for primary producers				
Department of Economic Development – Clean-up and assistance grant for charities				
Department of Economic Development – Temporary living expenses grant				
Department of Economic Development – Essential house items grant				
Department of Economic Development – Repair / restoration grant				
Total				

Other assistance:

Please describe any special hardship circumstances or needs that would assist us in assessing your application.

To complete your application, please sign the attached Statutory Declaration

SECTION 3 – SMALL BUSINESS ASSISTANCE

Small business _____

Small business _____
_____ Postcode _____

Small business phone no. _____ Mobile phone no. _____
Fax _____ Email _____

Please describe principal small business activities

Is the small business/farm a:

- Sole Trader :
- Partnership
- Trust – Please list the beneficiaries/shareholders of the trust
- Company – Please list the beneficiaries/shareholders of the company

Please describe your role/position in the small business.

Please detail what was destroyed or damaged as a result of the tornado. Indicate the extent of damage and estimate the cost of repair/replacement.

Are any of the small business losses covered by insurance? YES / NO

If YES, please list items insured and amount.

Please provide details of your insurance company and policy number.

Have you already applied for or received any other type(s) of assistance for this incident? YES / NO

If YES, please provide details and/or \$ amount.

Funding Assistance	Received			Amount \$
	Yes	No	Awaiting advice	
Any other assistance from the Recovery Centres				
Department of Economic Development – Clean-up and assistance grant for small business				
Total				

Other assistance:

Please describe any special hardship circumstances or needs that would assist us in assessing your application.

To complete your application, please sign the attached Statutory Declaration

SECTION 4 – COMMUNITY/VOLUNTEER GROUP ASSISTANCE

The name of the community/volunteer group you represent:

The community/volunteer group's address

Postcode

Phone no.

Mobile phone no.

Fax

Email

The type of community/volunteer group – please describe the group's principal activities.

Please describe your role/position in the community/volunteer group.

If you are applying for community development funding, please outline the aim of the proposal and the proposed use of appeal funds in community recovery activities.

If your community/volunteer group has incurred losses as a result of the tornado, please detail what property was destroyed or damaged. Indicate the extent of damage and estimate the cost of repair/replacement.

Are any of the community/volunteer groups losses covered by insurance?

YES / NO

If YES, please list items insured and amount.

Please provide details of your insurance company and policy number.
