

| | |
|-------------------|---------|
| For Official Use: | App No. |
| Date Received: | |

THE MORAY FLOOD RELIEF FUND

Application for claim

1. Personal Details

Surname: _____ Date of Birth: _____

Forename: _____ Age: _____

National Insurance No: _____

Address (Damaged property): _____

 Postcode: _____

Contact Address/telephone No: _____

 Postcode: _____

GP Name & Address: _____

 Postcode: _____

2. Other members of household – state NONE if applicable

| Name | Date of Birth | Sex M/F | Relationship |
|------|---------------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

3. Assessment of Damage

Type of accommodation
(flat/bungalow/house/ect):

Tenure
(owner/occupier/council/private
rent/ect):

No. of rooms on ground floor:

Rooms where carpets ruined:

Rooms requiring redecoration:

4. Are you insured for house contents?

YES/NO

5. If YES, have you made an application to your Insurance Company?

YES/NO/INTENDED

What is the name and address of your Insurance Company?

Postcode: _____

Policy No: _____

6. Capital/Savings

If you have any capital or savings, please say how much £ _____

7. Income and Earnings

What benefits do you or your family receive?

| Name | Benefit | Amount | Per week/month | Official Use |
|------|---------|--------|----------------|--------------|
| | | | | |

Details of all employed persons in household: -

| Name | Take home pay Per week/month | Occupation | Official Use |
|------|---------------------------------|------------|--------------|
| | | | |

11. What do you wish to apply for from the Moray Council Flood Relief Fund? Please give details

Official Use

12. Any other Information

Official Use

For the purposes of the assessment of my application to the Moray Flood Relief Fund, I agree to the information in this application being shared with staff from The Moray Council Department of Community Services and other organisations who may contribute to the assessment of Moray Flood Relief Fund applications.

To the best of my knowledge, the information in this application is correct.

Signed (applicant): _____ Date: _____