



**APPLICATION FOR HUMANITARIAN ASSISTANCE TOWARDS FLOOD  
DAMAGE – 2011**

**Note:** This scheme is introduced to provide means tested financial assistance to eligible households who have suffered major flood damage to their homes. The scheme is intended to provide emergency financial assistance to households who are not in a position to meet costs for essential needs in the period immediately following flooding. The scheme will also provide hardship alleviation assistance towards essential repair and losses, so as to restore homes to a safe and habitable condition. The scheme is not intended to provide full compensation for all losses and damage. Assistance will not be given for losses which are covered by insurance.

**Please specify which of the following criteria applies to your application:**

**Immediate income support**

**Damage to home**

**Loss of essential goods or belongings**

**Part 1 Applicant's Details**

**1. Name:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_

**3. PPS Number:**

\_\_\_\_\_

**4. Phone No.:** \_\_\_\_\_ **or** \_\_\_\_\_

**5. Date of Birth:** \_\_\_\_\_

**Part 2 Household Details**

<b>Names of all individuals who reside with you</b>	<b>Relationship to you</b>	<b>Date of Birth</b>	<b>PPSN (if available)</b>	<b>Income €</b>	<b>Source of Income</b>

**Part 3 Details of your Means**

A. How much income (weekly) do you and your spouse/partner have from the following sources?

<b>Source</b>	<b>Yourself €</b>	<b>Spouse/Partner €</b>	<b>Details</b>
<b>Social Welfare Payments</b>			
<b>Health Service Executive Payments</b>			
<b>Social Security Payments from another State</b>			
<b>Wages/Salary</b>			
<b>Self Employment (including farming)</b>			
<b>Sick Pay/Income Protection Schemes</b>			
<b>Occupational Pension(s)</b>			
<b>Maintenance Payments</b>			
<b>FÁS Training Allowance</b>			
<b>Strike Pay</b>			
<b>Any other source(s) - Please specify</b>			

**B. Have you or your spouse/partner investments in stocks, shares, or deposits with**

**Banks/Building Societies or other Financial Institutions?** YES  NO

If "yes" please provide details of:

Amount(s) invested € \_\_\_\_\_ Where invested \_\_\_\_\_

**C. Do you or your spouse/partner own any property (including land) other than the**

**house you occupy?** YES  NO

If yes, please give the location and use of the property \_\_\_\_\_

**Do you or your spouse/partner own your own home?** YES  NO

**Part 4 Weekly Outgoing**

**How much are you/spouse/partner paying weekly on:** Yourself Spouse/Partner

€

€

House Rent/Mortgage

\_\_\_\_\_

\_\_\_\_\_

Loans (Bank/Credit Union)

\_\_\_\_\_

\_\_\_\_\_

Travel costs to work

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

**Part 5 Other Details**

**Have you applied for or received assistance from any other source? Please give details:**

\_\_\_\_\_  
\_\_\_\_\_

**Did you have to evacuate your home:** YES  NO

**If yes, please state:**

(a) **How long you were out of your home i.e. from** \_\_\_\_\_ **to** \_\_\_\_\_

(b) **The location of your temporary accommodation:**

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(c) Source of temporary accommodation (i.e. Emergency accommodation provided by local authority, relative, friend, other):

Name: \_\_\_\_\_ Contact Phone No \_\_\_\_\_

(d) Please outline the costs if any incurred by you in the provision of this temporary accommodation. \_\_\_\_\_

**Part 6 Insurance Details**

Is your house insured?

YES  NO

If No, when was your house last insured?: \_\_\_\_\_

Name of current insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Type of insurance: Structural  Contents

Does your insurance include flooding cover? YES  NO

Has a claim been submitted to your insurance company? YES  NO

If Yes, has your claim been accepted? \_\_\_\_\_

If No, please give details: \_\_\_\_\_

Please state the Insurance Reference No: \_\_\_\_\_

**Part 7 Loss and/or Damage**

Please set out the details of the loss/damage incurred \_\_\_\_\_

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<b>Details</b>	<b>Costs</b>

You may use another page if necessary

**Part 8 Checklist**

Please include the following items with your application **where available**:

- Evidence of household Income (payslips, etc.)
- Estimates for repairs or replacement
- A copy of your insurance policy
- Paid invoices/receipts
- Any other information which may support your claim.

Applications cannot be processed if they have not been completed in full and documentary evidence attached, as required.

**Part 9 Any other information**

Please set out any other information that you consider may be relevant to your claim.

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**Part 10 Declaration**

I declare, that the information given by me in this application is correct and complete.

I undertake to advise the Department of Social Protection immediately of any changes in circumstances including changes in income(s), dependency, address and/or any such changes relating to my spouse/partner which may occur affecting my eligibility for Humanitarian Assistance.

I authorise the Department of Social Protection to make all enquiries necessary to establish my eligibility status and/or that of my spouse/partner for Humanitarian Aid funding.

In the event that I receive payments of Humanitarian Aid pending receipt of insurance or compensation from any other source, I agree to refund such amounts of Humanitarian Aid as may be determined refundable by the Department of Social Protection out of my insurance/compensation settlement payment.

I understand that I have the right of review against a decision of the Department of Social Protection in respect of my claim for Humanitarian Aid

**I AM AWARE OF THE CONTENT OF THIS APPLICATION AND KNOWINGLY MAKE THIS DECLARATION**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If the applicant is unable to sign, his/her mark should be made and witnessed. The Witness should sign below.**

**SIGNATURE OF WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_