



An Roinn Coimirce Sóisialaí
Department of Social Protection

**APPLICATION FOR HUMANITARIAN ASSISTANCE
TOWARDS FLOOD DAMAGE**

(February 2021)

Note: This scheme is introduced to provide income 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. **Date of Birth:** _____

4. **PPS Number:** _____

5. **Phone No.:** _____ **or** _____

Part 2 Household Details

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

Part 3 Details of your Means

How much income (weekly) do you and your spouse, civil partner or cohabitant have from the following sources

Source	Yourself €	Spouse, Civil Partner or Cohabitant €	Details
Social Welfare Payments			
Health Service Executive Payments			
Social Security Payments from another State			
Wages/Salary			
Self -Employment (including farming)			
Sick Pay/Income Protection Schemes			
Occupational Pension(s)			

Maintenance Payments			
Further Education and Training Allowances			
Strike Pay			
Any other source(s) - Please specify			

Have you or your spouse, civil partner or cohabitant 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 _____

A. Do you or your spouse, civil partner or cohabitant own any property (including land) other than the house you occupy? YES NO

If yes, please give the location and use of the property _____

B. Do you or your spouse, civil partner or cohabitant own your own home?

YES NO

Part 4 Weekly Outgoing

How much are you/ spouse/ civil partner or cohabitant paying weekly on:

	Yourself	Spouse, civil partner or cohabitant
	€	€
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 From _____ To _____

(b) The address of your temporary accommodation:

(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 _____

Details	Costs

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.

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, civil partner or cohabitant 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, civil partner or cohabitant for Humanitarian Assistance funding.

In the event that I receive payments of Humanitarian Assistance pending receipt of insurance or compensation from any other source, I agree to refund such amounts of Humanitarian Assistance 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 Assistance.

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 _____

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INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE
WITH LAW.**

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