

APPLICATION FOR MAYORAL RELIEF ASSISTANCE

Each year the Wellington City Council allocates funding to assist people of the Wellington community who are in need of emergency assistance. The Wellington City Council does this in partnership with a service organisation, and currently the contract is with The Wellington City Mission.

Purpose:

The purpose of the Mayoral Relief Fund is to support people who are experiencing an emergency. This could be:

- Power and/or gas has been disconnected and there are young children residing at the property
- Tenancy eviction and emergency accommodation is required
- Family or personal emergency/crisis
- Not having the means to buy food as a result of an emergency
- Becoming homeless as a result of an emergency

No cash advances or cash loans are provided to clients.

Criteria:

- Applicants must be residents of the Wellington rate paying area.
- All applicants will be assessed individually.
- Applicants must complete an application form and provide proof of need, such as letters of eviction or disconnection of power; letters of refusal for advances from Work and Income; proof of unexpected expenditure etc.

How to apply:

Complete the attached application form and take it to: The Wellington City Mission
200 Riddiford Street Newtown Wellington

Opening hours: 8:30am to 4:30pm
Monday to Friday

Contact: Pip Rea, Director, Community Services
Phone (04) 245 0900 or email
pip@wcm.org.nz

The Mission aims to help those who are most disadvantaged or at risk, through unique and carefully designed programmes that respond to the gaps in social service provision in our region. For more information on Mission programmes and services please visit www.wellingtoncitymission.org.nz.



APPLICATION FOR MAYORAL RELIEF ASSISTANCE

Name:

Address:

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Phone: (home) (work) (mob)

Are you on a benefit? Yes No

Reason for Application for Assistance:

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Have you tried to obtain assistance from other sources? Yes No

If yes, who have you asked?

Were you successful? Yes No

If no, why were you declined?

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Emergency Relief received to date:

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Signed: Date:

(Client)

Office Use Only:

Funding or other assistance approved: Yes No Amount provided:

Other assistance provided:

Proof of need provided (list documents provided):

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Form completed by: Date:

(Wellington City Mission Manager/ Co-ordinator)