

COVID-19 RELIEF GRANT APPLICATION FORM 2021

Applicant Details						
Are you a registered member of Ngāti Tama ki Te Tau Ih	nu? Yes	No *	(tic	k one)		
* If you are not a registered member you will need to register first, before a Covid-19 Relief Grant can be considered.						
Surname: First Name/s:						
Date of Birth:	Male	Female	(circle one)			
Street Number and Name:	Suburb/Town/City:					
Phone Number: E	Email:					
Bank Account Details:						
Your Bank: Your Bank Account Name:						
Your Bank Account Number:						
Please send verification of your bank account number ie: • bank statement • screen shot from internet banking • deposit slip (handwritten account numbers on a deposit slip must be stamped/verified by your bank).						

Please include with your application:

Supporting documentation which may include:

- a bank statement showing wages before and after
- a letter confirming that the employment has ceased
- copies of outstanding bills
- or any other appropriate evidence.

Covid-19 Relief Information			
This grant is to assist whānau who have been severely impacte whānau who can demonstrate hardship due to the impact of C income for the foreseeable future.			
Please provide information about your circumstances and why	you need the grant:		
Are there dependants/tamariki in your household under the agbirth.	ge of 18 years? If yes, please list their full names and date of		
Full name	Date of birth		
What amount are you seeking?	*		
*Maximum limited \$500 per registered adult, \$150 per child un only provided once per household.	nder 18 years with an overall maximum of \$1,250. This grant is		
Please sign the Declaration b	elow:		
1) I certify that all of the information supplied in this application is correct.			
igned: Date:			

Please either scan/email your application to **pouawhina@ngati-tama.iwi.nz** or:

Post to: Deliver to (if Covid-19 alert levels allow):
PO Box 914 Ngāti Tama ki Te Waipounamu Trust Office
Nelson 7040 74 Waimea Road, Nelson