

# ELIZABETH MAREE WATSON ESTATE



TE KAUNIHERA Ā ROHE O  
**WHAKAAHURANGI**  
**STRATFORD**  
DISTRICT COUNCIL

## GUIDELINES / CRITERIA FOR APPLICATION FOR FUNDING

### PURPOSE

To allocate funding to assist people in the Stratford area by providing relief for needy elderly people.

### SOURCE OF FUNDS

In accordance with the will of Elizabeth Maree Watson, Council has been given funds from the estate to distribute according to her wishes.

The funds available to be distributed each year is the income from the Trust Fund, which is received annually from Public Trust.

Any unallocated funds in one year may be carried over to a future year or years.

### CRITERIA

- The applicant must reside in the Stratford area, including but not limited to, Toko, Douglas, Midhirst, Tariki, Cardiff, Ngaere, Pembroke, Waipuku, Tuna, Huinga, Pukengahu, Wharehuia, Mahoe and Lowgarth.
- The applicant must have reached the age of entitlement to NZ Superannuation.
- The applicant must be considered by the Mayor as needy and require financial support and assistance.
- Individual applicants must provide proof of need, including income, bank statements, and other such correspondence that may be necessary eg. eviction letter, doctor's account, power disconnection letter etc.
- The Mayor will have wide discretion as to how the funds are distributed, but the funds can be specifically used for the purchase of clothing, the payment of doctor's accounts and the payment of domestic accounts.
- Applications must be in writing.

All applications will be assessed individually.

### **Guidelines :**

1. Applicants must not have cash assets in excess of \$10,000.
2. Not have a gross income level higher than 25% above the NZ superannuation level.
3. Applicants must not be in full-time employment.

Applications can be made at any time, after which the Mayor will make a decision within one month of receipt of the application.

The Mayor has the right to consult with any person or community organisation for advice if he/she so wishes.

Funds can be paid to individuals, or rest homes or senior citizens associations as long as the payment is for charitable purposes.

Each applicant will be advised in writing of the outcome of their application, whether successful or not.

### **Payment of Monies**

- A separate bank account will be opened in the name of "Elizabeth Watson Estate Fund".
- All payments will be made by direct credit to the person/s providing the service, not the individual applicant.
- No cash advances or loans are provided from the fund.
- The signatories for the Fund's account to be the usual Council's signatories, with financial transactions reported annually to Council. It may be necessary to protect the identity of individual recipients when providing this report.

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## APPLICATION FORM

### Application Forms Available From:

Councils website [www.stratford.govt.nz](http://www.stratford.govt.nz) or the Service Centre, Miranda Street, Stratford.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ (Daytime) \_\_\_\_\_  
(Mobile)

**Do you reside in the Stratford area?**

If you circled YES, please continue

(Please Circle Answer) YES/NO

**Are you currently in full-time employment?**

If you circled NO, please continue

(Please Circle Answer) YES/NO

**Is your gross income level higher than 25% above the NZ Superannuation?** (Please Circle Answer)

If you circled NO, please continue

YES/NO

**Do you have cash and/or assets in excess of \$10,000?**

If you circled NO, please continue

(Please Circle Answer) YES/NO

**Reason(s) for request for funding and the circumstances why you are unable to pay this yourself: (Attach any information that supports your request)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please advise details and amounts of any other financial support you have received/still receive from eg. church welfare groups, RSA, Work and Income etc.

\_\_\_\_\_

\_\_\_\_\_

**Have you attached proof of need ie. income, bank statements and/or other such correspondence that may be necessary?** *(Please Circle Answer)* YES/NO

**Have you attached a copy/copies of the invoices to be paid?***(Please Circle Answer)* YES/NO

*(Note: Any funds granted will be paid directly to the person or organisation providing the service).*

I authorise the District Mayor only to make any enquiries to other parties relevant to this application.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

*If you are signing this form on behalf of someone else, please advise your relationship to the applicant.*

\_\_\_\_\_