

Edinburgh Fire Fund Application

Form Preview

Information and Eligibility

* indicates a required field

Introduction

The Edinburgh Fire Fund provides assistance for residents of the City of Edinburgh affected by fire (subject to criteria being met).

Support provided by the fund:

- To replace household items or personal possessions destroyed or damaged in the fire
- Redecoration (and any prior cleaning to remove smoke damage)
- Counselling/therapy needed as a result of trauma resulting from the fire

Who can apply for support:

Applications to the fund should **be submitted and verified by a postholder from a recognised third party** (e.g. housing officer, support worker, advice worker, social worker etc). We do not accept applications from members of the public.

Other information.

Please note this Fund is not designed for crisis funding, in practice it may take several months before the Trustees are able to make a decision.

The Trust will obtain a Fire Incident Report from the Scottish Fire and Rescue Service as part of the claim verification process. Note: where there are significant differences between the application and the Fire Incident Report, regarding the nature and extent of loss/damage we will award any grant in accordance with the Fire Incident Report and the Trustees may decide not to make an award.

The Trustees decision is final.

If you have any enquiries or need advice please email administrator@eltf.org.uk

Grant Program

This field is read only.

Application Number

This field is read only.

If you do contact us throughout the application process, please quote the application number above.

Documentation required

As part of our assessment several documents are required. We recommend that you acquire these prior to commencing the application.

1. Proof of income (e.g. benefit award or wage slip).
2. Proof of tenancy/homeownership (e.g. tenancy agreement, title deeds).
3. Proof of address where the fire took place (e.g. utility bill in the name of the applicant).
4. Doctor/ hospital report (for requests for support with counselling/ therapy)

Edinburgh Fire Fund Application

Form Preview

5. Photos or videos showing the extent of the fire, smoke and water damage to the property and contents.

Privacy notice

For more information on how we process personal data please see our [Privacy Notice](#).

Please ensure that the beneficiary, you are applying for funding on behalf of, is aware of this information prior to commencing and submitting the application.

Confirmation of eligibility

Before proceeding, please confirm the following:

- the property affected by fire must be located in The City of Edinburgh Council administration area
- the fire must have occurred within the last six months
- applicant must be in receipt of state benefits and/or the whole household income collectively must be less than the living wage
- you have read and understood our [terms and conditions](#).

You must confirm that all statements above are true and correct. *

Yes

House contents insurance

It is a requirement that the applicant did **NOT** have house contents insurance for the property that suffered the fire, otherwise they are not eligible to apply for support.

Did the property that suffered the fire have valid contents insurance policy? *

Yes

No

I am sorry, this funding is only available to people who don't have a valid contents insurance policy.

Beneficiary and Postholder Information

* indicates a required field

Person who suffered the fire - details

This is the name of the person who suffered fire and you are submitting an application on behalf of.

First name *

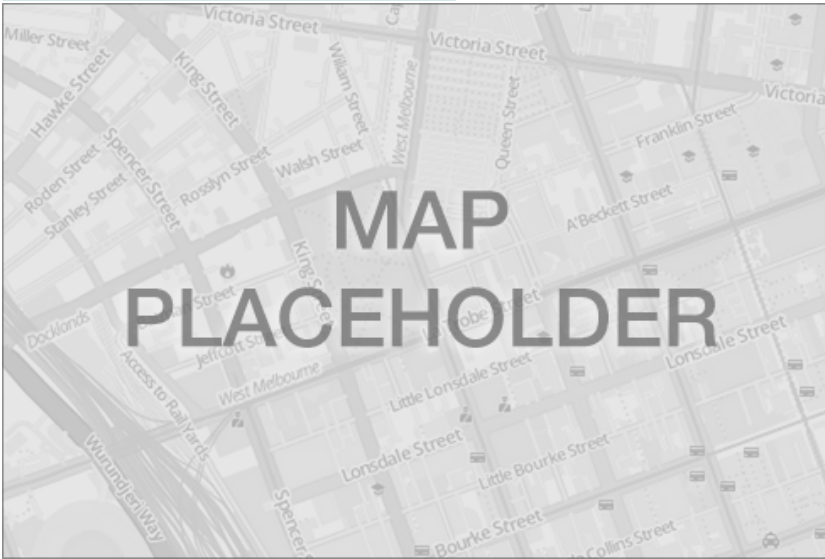
Edinburgh Fire Fund Application

Form Preview

Surname *

Person's current address *

Address



Address Line 1, Town/City, and Postcode are required. Country must be United Kingdom

Is the address, above, the same address where the fire took place? *

Yes

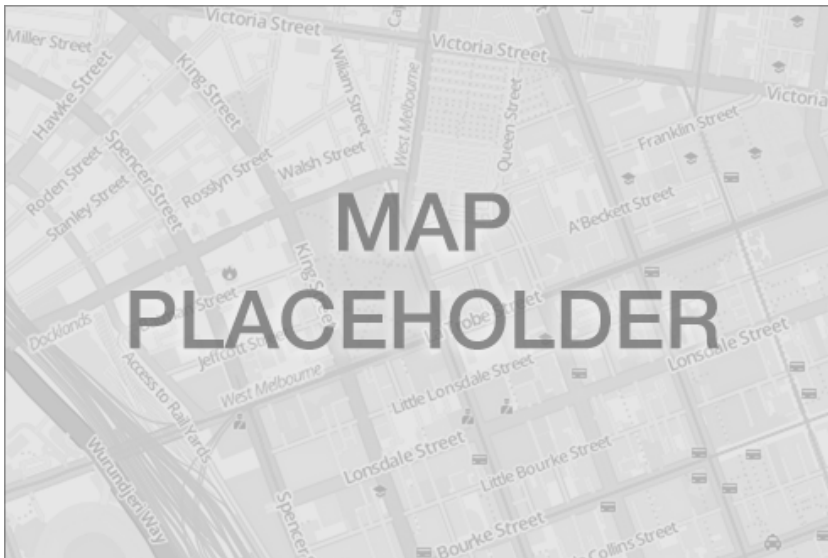
No

Address of the property where the fire took place *

Address

Edinburgh Fire Fund Application

Form Preview



Address Line 1, Town/City, and Postcode are required. Country must be United Kingdom

Postholder information

Details of the person who is making the application on behalf of the beneficiary who has suffered the fire.

Postholder Name *

First Name

Last Name

Job title *

Phone number *

Must be a valid phone number.

Email address *

Must be an email address.

Organisation name *

Organisation Name

Postholder organisation - bank account details

As funding will not be directly provided to the beneficiary (person who suffered fire) please include your organisation's bank details below.

Edinburgh Fire Fund Application

Form Preview

Organisation Bank Account *

Account Name

Account Number

Must be a valid bank account format.

Account sort code *

Fire and Impact

* indicates a required field

Please complete this section on behalf of the person (beneficiary) who has suffered the fire.

On what date did the fire occur? *

Must be a date.

Please describe your understanding of what happened. *

Word count:

Must be no more than 300 words.

Please include how the fire was discovered, who (if anyone) was at home, the extent of the damage caused by fire/ smoke.

Is the grant beneficiary a tenant or owner occupier? *

Tenant

Owner occupier

Who is the beneficiary's landlord? *

Word count:

Must be no more than 50 words.

Please confirm how many people live in the household *

Please confirm the combined monthly income of everyone who lives in the household *

Edinburgh Fire Fund Application

Form Preview

Must be a sterling amount.

Please provide a list of house contents damaged by fire or smoke (e.g. furniture, bedding, furnishings, clothing and white goods). *

Word count:

Must be no more than 500 words.

Therapy and counselling

Assistance may be given for individuals who have suffered psychological or physical trauma by providing support and advice through therapy and counselling agencies.

Do you want to apply for therapy or counselling? *

Yes

No

Are you able to provide a doctor/ hospital report (for counselling/ therapy support request)? *

Yes

No

Please describe which therapy or counselling would be helpful. *

Word count:

Must be no more than 300 words.

Doctor/ hospital report (for counselling/ therapy support request) *

Attach a file:

Documentation

Where possible documentation is required to support the application. However, given individual circumstances, we know some or all of these are not always available.

Are you able to provide proof of income (e.g. benefit award or wage slip) documentation? *

Yes

No

Proof of income (e.g. benefit award or wage slip) *

Attach a file:

Edinburgh Fire Fund Application

Form Preview

Are you able to provide proof of tenancy/ home ownership (e.g. tenancy agreement, title deeds) documentation? *

Yes No

Proof of tenancy/ home ownership (e.g. tenancy agreement, title deeds) *

Attach a file:

Are you able to provide proof of address where the fire took place (e.g. utility bill in the name of the applicant) documentation? *

Yes No

Proof of address where the fire took place (e.g. utility bill in the name of the applicant) *

Attach a file:

Are you able to provide photos or videos showing the extent of the fire, smoke and water damage to the property and contents? *

Yes No

Photos or videos showing the extent of the fire, smoke and water damage to the property and contents *

Attach a file:

As you were unable to supply some or all document(s) can you please explain why. *

Word count:

Must be no more than 150 words.

Declaration and Feedback

* indicates a required field

Declaration

Edinburgh Fire Fund Application

Form Preview

This section must be completed by an appropriately authorised person, who has completed this form, on behalf of the person impacted by fire.

I accept the [terms and conditions](#).

I agree: Yes

I confirm that the applicant has consented to having their data shared with us and that our [privacy policy](#) has been read.

I agree: * Yes

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.