

## Application and Declaration for Emergency Relief Fund (ERF)

### Part I (to be completed by the applicant)

My/Our\* residence at (Address) \_\_\_\_\_  
 was affected by the typhoon/fire/rainstorm\*/other (please specify: \_\_\_\_\_) which  
 took place on (date) \_\_\_\_\_. I/We\* hereby apply to the Lands Department for the ERF and declare that:

- (1) I am/We are\* the genuine occupier(s) of the above premises/structure and the victim(s) of the above-mentioned incident;
- (2) I/We\* understand that I/we\* may apply for the ERF no matter whether I/we\* have purchased an insurance policy in respect of the above premises/structure or facility or not. In the event that I am/we are\* subsequently compensated by the insurer in respect of the damage of the above premises/structure or facility, I/we\* should return the ERF received to the Lands Department. I/We\* have/have not\* purchased any insurance policy in respect of the above premises/structure or facility;
- (3) I/We\* affirm that the owner/landlord of the above premises/structure has not offered me/us\* any compensation in respect of the damage of the premises/structure or facility arising from the above-mentioned incident;
- (4) I/We\* affirm that I/we\* have not applied for or received assistance from Government money arising from the above-mentioned incident;
- (5) I/We\* understand that if I/we\* have received any assistance from Government money arising from the above-mentioned incident, I/we\* should inform the Lands Department. The Lands Department reserves the right to claim back the ERF that I/we\* have received; and
- (6) I/We\* agree that while assessing my/my family's\* eligibility for the ERF, officers of the Lands Department may compare and check all the personal data provided in this declaration with my/our personal data collected for any other purposes (whether collected manually or not) so as to verify whether such data are true to the fact or misleading and to take appropriate actions against the parties concerned based on such data. I/We\* hereby authorize the Lands Department to obtain proofs from other government departments and public/private institutions in respect of the collected data for verification purpose.
- (7) I/We\* affirm that the information provided is true. Any false declaration is liable to prosecution by relevant law enforcement departments.

	Name	Relationship	Date of Birth (dd/mm/yyyy)	HKIC No.	Signature <sup>#</sup>
Applicant		Applicant			
Family member					
Family member					
Family member					
Family member					
Family member					
Family member					

Note: The applicant and the family member(s) aged 18 or above must sign on this declaration.

\* Please delete where appropriate

# Please sign during the interview

Date: \_\_\_\_\_

Part II (to be completed by the interviewer)

I have explained the above content to all the above party/parties in English and he/she/they has/have duly signed his/her /their name(s) on this declaration in my presence to acknowledge that he/she/they has/have fully understood the content.

Signature of interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
( )

Part III (to be completed by the investigation officer)

For investigation, I visited the dwelling of the victims at \_\_\_\_\_  
(address)  
on \_\_\_\_\_. The dwelling is allowed for domestic/non-domestic use and is a surveyed squatter structure(s) bearing number(s) \_\_\_\_\_/\_\_\_\_\_ (to specify nature if not a surveyed squatter structure). The findings are as follows:

Damaged Items :

	Yes (☑)	No (☒)
Structural defects	<input type="checkbox"/>	<input type="checkbox"/>
Furniture	<input type="checkbox"/>	<input type="checkbox"/>
Beddings & Clothings	<input type="checkbox"/>	<input type="checkbox"/>
Home Appliances & Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Others		

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Signature of investigation officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
( )