

# Application for emergency aid

Hjálparstarf kirkjunnar - Kvenfélag Grindavíkur - Lions Grindavík -  
Rauði krossinn - Verkalýðsfélag Grindavíkur

*Confidential*

Name: \_\_\_\_\_ So.se.no. \_\_\_\_\_  
Spouce: \_\_\_\_\_ So.se.no. \_\_\_\_\_  
Address: \_\_\_\_\_ Postalcode: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone no. \_\_\_\_\_  
Number of Children: \_\_\_\_\_ Children's age: \_\_\_\_\_

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## Applicant's earnings:

Work	Local government support ( )	Unemployment benefits ( )
Disability benefits ( )	Rehabilitation benefits ( )	Pension for elderly ( )
Student aid ( )	Pension fund ( )	Other ( ) _____

## Applicant's spouse's earnings:

Work	Local government support ( )	Unemployment benefits ( )
Disability benefits ( )	Rehabilitation benefits ( )	Pension for elderly ( )
Student aid ( )	Pension fund ( )	Other ( ) _____

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Applicant's signature: \_\_\_\_\_

By signing this application, I grant permission for my income information to be confirmed by the tax authorities.