

Enquiry form

Name:
Date:
Address:
Phone Numbers:
E-mail Address:
Housing Situation: (please tick) <input type="checkbox"/> Own home <input type="checkbox"/> Group living situation <input type="checkbox"/> Whanau home <input type="checkbox"/> Renting <input type="checkbox"/> Other (please specify) _____
If renting how secure is the tenancy? (please tick) <input type="checkbox"/> Secure <input type="checkbox"/> Insecure
Does the condition of the home meet compliance standards? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the home suitable? (please tick)

Yes No

If answering no, why? e.g. insufficient space for equipment, not enough bedrooms?

Reason for contact:

Are you on the Social Housing Register? (We are required to give priority to anyone who is on this register)

Yes No

Further comment: (include a date with each comment)

Date:

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Eligibility

People whose primary impairment is a mental health illness are not eligible

The 'eligibility' criteria are:

The person or a member of the family/whanau has physical, sensory, neurological and/or intellectual disabilities. Please outline individual circumstances: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
The person is under 65 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
The person/family would benefit from living in fully accessible housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicants who have a history of causing severe problems in previous housing situations or owe past or current rent may not be considered eligible even if they meet other criteria.	

References attached or record below the names, addresses and phone numbers for three referees.

Referee Contact Details	Reference Checked
Referee 1 Name: _____ Contact details: _____ _____ Relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee 2 Name: _____ Contact details: _____ _____ Relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referee 3 Name: _____ Contact details: _____ _____ Relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed: _____

Date: _____