# **Enquiry form**

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| **Name:**  |
| **Date:** |
| **Address:**  |
| **Phone Numbers:**  |
| **E-mail Address:** |
| **Housing Situation: (please tick)** * Own home
* Group living situation
* Whanau home
* Renting
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  |
| **If renting how secure is the tenancy? (please tick)** * Secure
* Insecure
 |
| **Does the condition of the home meet compliance standards? (please tick)*** Yes  No
 |
| **Is the home suitable? (please tick)*** Yes  No

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

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| **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:**  |
|   |  |

# **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:** |  Yes  No |
| The person is under 65 years of age |  Yes  No |
| The person/family would benefit from living in fully accessible housing |  Yes  No |
| The person mobilises using a wheelchair |  Yes  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  Yes  No |
| **Referee 2** **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  Yes  No |
| **Referee 3** **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  Yes  No |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I authorise Whangarei Accessible Housing Trust to:

* Collect, retain, and use this information for the purposes of assessing my suitability as a tenant.
* Disclose information about me, whether collected from me directly or from any other source, where necessary to assess/confirm my suitability as a potential tenant.
* Contact the Ministry of Social Development regarding this application.

I understand that Whangarei Accessible Housing Trust will:

* Hold this information on their records, to contact me, if required at a future date.

I declare that I have completed the information on this form to the best of my knowledge and believe that all the information provided is true and accurate.

Signature of Applicant and Date

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Under The Privacy Act 1933, you have the right to ask for a copy of all information held about you and have the right to request the correction of any incorrect information.