

Enquiry form

<p>Name of Applicant:</p> <p>Name of person filling in application if different from Applicant:</p> <p>Relationship to Applicant:</p>
<p>Date of Birth: Please note we are unable to assist you with housing if the applicant is over 65 years old.</p>
<p>Current Address:</p>
<p>Contact details including mobile and email:</p> <p>Mobile: _____ Email: _____</p>
<p>Next of kin or In Case of Emergency contact details:</p>
<p>Housing Situation: (please tick)</p> <p><input type="checkbox"/> Own home</p> <p><input type="checkbox"/> Group living situation</p> <p><input type="checkbox"/> Whanau home</p> <p><input type="checkbox"/> Renting</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> How many people live with you full time</p>
<p>If renting how secure is the tenancy? (please tick) Please note we are unable to supply emergency accommodation.</p> <p><input type="checkbox"/> Secure</p> <p><input type="checkbox"/> Insecure</p>
<p>Are you on the Social Housing Register? (We are required to give priority to anyone who is on this register)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Do you require assistance to make an application for the Social Housing Register?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Diagnosis or Description of Physical Disability and personal circumstances.

Does the Applicant require Specialised Equipment or Home Care.

Yes

No

List of equipment or aids required to assist in daily living, For example; Motorised or manual wheelchair, walking frame, hoist or any other specialised or long term apparatus or device/s.

Are there any special storage requirements for equipment. If yes, please specify.

Eligibility

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

In order to fully understand your individual requirements, taking into account your physical disability now and looking ahead, we ask that you request a letter from your GP or Treating Specialist, outlining your current diagnosis and long term prognosis. This will assist the Whangarei Accessible Housing Trust to secure accommodation that will suit your needs both immediately and into the future.

It is also advisable, but not a requirement, to have an Occupational Therapist assess the property prior to moving to ensure that the accommodation suits the needs of the Applicant.

The 'eligibility' criteria are:

The person or a member of the family/whanau has physical, sensory, neurological and/or intellectual disabilities.	<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
The person mobilises using a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a GP or Specialist report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to our Housing Manager contacting you to discuss your requirements	<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
<p>Referee 1</p> <p>Name: _____</p> <p>Contact details: _____ _____</p> <p>Relationship: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Referee 2</p> <p>Name: _____</p> <p>Contact details: _____ _____</p> <p>Relationship: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Referee 3</p> <p>Name: _____</p> <p>Contact details: _____ _____</p> <p>Relationship: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Under The Privacy Act 2020, 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.