

## Enquiry form

**Name of Applicant:**

**Name of person filling in application if different from Applicant:**

**Relationship to Applicant:**

**Date of Birth:** Please note we are unable to assist you with housing if the applicant is over 65 years old.

**Current Address:**

**Contact details including mobile and email:**

**Mobile:**

**Email:**

**Next of kin or In Case of Emergency contact details:**

**Housing Situation: (please tick)**

Own home

Group living situation

Whanau home

Renting

Other (please specify) \_\_\_\_\_

How many people live with you full time

**If renting how secure is the tenancy? (please tick) Please note we are unable to supply emergency accommodation.**

Secure

Insecure

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

Yes

No

**Do you require assistance to make an application for the Social Housing Register?**

Yes

No

**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><b>Referee 1</b></p> <p><b>Name:</b> _____</p> <p><b>Contact details:</b> _____ _____</p> <p><b>Relationship:</b> _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Referee 2</b></p> <p><b>Name:</b> _____</p> <p><b>Contact details:</b> _____ _____</p> <p><b>Relationship:</b> _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Referee 3</b></p> <p><b>Name:</b> _____</p> <p><b>Contact details:</b> _____ _____</p> <p><b>Relationship:</b> _____</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 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.