

Paekākāriki Housing Trust

EXPRESSION OF INTEREST



1 About you

Name

Current address

Postal address (if different from above)

Telephone – Home

Work

Mobile

Date of birth

Gender (please tick one)

☐ Male

☐ Female

☐ _____

WINZ client number (if applicable)

2 Other people who will be living with you

Name/s

Date of birth

Gender

Relationship to you
(eg, husband/partner/daughter etc)

3 Pets living with you

Do you have Pets? If so, what sort and how many?

4 Eligibility

Please tick if any of the following apply to you

☐ Mana whenua

☐ Family with children under 16

☐ Over 65

☐ In need or low income (individual/couple with income of \$55k or family combined income <\$100k)

5 Why are you applying for this housing?**6 Reason for wanting to move from your current home**

Please specify:

7 Language and communication needs

What is your first language for speaking?

What is your first language for reading?

What special vision needs do you have?

What special hearing needs do you have?

8 Do you need an interpreter

☐ Yes

☐ No

9 Support person

Do you have a support person who we can contact if we are unable to get hold of you?

Name

Phone

10 Declaration

The information in this application is true and correct. I understand that I will have to provide further information and proof before being offered a home by the trust.

Signed

Date

Once completed, please send the form to Dwell Housing Trust via email it to gabriela@dwell.org.nz

Office use only

Date application received

Date acknowledged

11 Whakapapa

Name:

Please describe your ancestral link to Ngāti Haumia ki Paekakariki or your connection to Paekākāriki.

12 Whakapapa

Please complete the boxes below

