

Te Aro Pā Trust papakāinga housing

EXPRESSION OF INTEREST



To tell Dwell that you are interested in applying for a Te Aro Pā home

1 About you			
Name			
Current address			
Postal address (if different from above)			
Telephone – Home	Work	Mobile	
Date of birth	Gender (please tick one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> _____
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 animals? If so, what sort and how many?

4 Eligibility for a Te Aro Pā Trust home
Please tick if any of the following apply to you
<input type="checkbox"/> In need or low income
<input type="checkbox"/> On Ministry of Social Development (MSD) Social Housing Register
<input type="checkbox"/> Individual or couple with a combined income of less than \$55,000 per year
<input type="checkbox"/> Family with combined income of less than \$100,000 per year

5 Why are you applying for this housing?

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6 Reason for wanting to move from your current home

Please specify:

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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

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9 Support person

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

Name

Phone

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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

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Once completed, please send the form to Dwell Housing Trust, PO Box 24179, Manners Street, Wellington 6142.
You can also scan the completed form and email it to info@dwell.org.nz

Office use only

Date application received

Date acknowledged

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A copy of this page will be sent to the Advisory Committee for Te Aro Pā Trust



11 Whakapapa

Name:

Please describe your ancestral link to the original Ngāti Ruanui and Taranaki iwi of Te Aro Pā

12 Whakapapa

Please complete the boxes below

