

Own Well

Shared Homeownership

Expression Of Interest Form



Applicant information		
Name:		
Date of birth:	Home Phone:	Mobile:
Email:		
Preferred time of contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Anytime		
Current address:		
Number of adults in proposed household (18 years or older, if not dependent due to inability to work due to disability) and their relationship to each other:		
Number of dependent children (17 years or younger, or older if dependent due to disability) in proposed household and their ages. Plus, please let us know if you are expecting a baby:		
Ethnicity (for statistical purposes):		

Employment		
Current employer:		
Position:	How long have you worked here?	
Gross Annual Salary: \$	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Contract	
Current employer:		
Position:	How long have you worked here?	
Gross Annual Salary: \$	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Contract	

Eligibility	
Are you a first-time home buyer (you do not own a home in NZ or elsewhere)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you enrolled in KiwiSaver? <input type="checkbox"/> Yes <input type="checkbox"/> No	For how long?
Are you a New Zealand Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently saving for a deposit and/or paying down debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Within the Wellington region, where would like to purchase a home? (list as many places as desired).	
How many bedrooms, at minimum, would your household need?	
Any other information you would like to tell Dwell about your interest in shared homeownership?	
I can confirm the following:	
<input type="checkbox"/> When requested, I can provide proof of income for my household	<input type="checkbox"/> When requested, I can provide evidence of savings that can be used for the deposit
<input type="checkbox"/> When requested, I can provide proof of citizenship or residency	<input type="checkbox"/> When requested, I can provide the past three months of all bank statements for my household

Signature	
Signature of interested party:	Date:

The information you have supplied on this form ("Information") will be used by the Dwell Housing Trust (the "Trust") to determine your eligibility for participation in the Trust's shared home ownership scheme, process any resulting application, carry out credit checks and to verify your identity.

The intended recipients of the Information are the Trust, its agents and credit reference agencies.

The Information will be collected and held by the Trust at PO Box 24-179, Manners Street, Wellington 6142, New Zealand.

Failure to provide or provision of incorrect information may result in any future application being declined.

You have rights of access to, and correction of, personal information held by the Trust.

We will endeavour to ensure that Information held by us is accurate. Accordingly, please advise us of any changes in your personal details as soon as possible.

Mail completed form to:

Dwell
 PO Box 24179
 Wellington 6011

Or scan and email to admin@dwell.org.nz