

Hapū Rental Housing Application

Ngāti Whātua Ōrākei Whai Māia Ltd manages homes that are leased from Whai Rawa Ltd which registered hapū members are able to rent.

If you meet eligiblity for home ownership. Whai Māia Ltd may also be able to offer options or guidance to alternatives such as Home Ownership, Shared Equity Pathway to Ownership, Rent to Own pathway to Ownership.

1. Main Applicant (must be a person that will be living in the home)

What is your Ngāti Whātua Ōrākei hapū registration number:___

(*please note: to be eligible for NWO Whai Māia Ltd housing you must be a registered hapū member or the primary caregiver of dependants who are living with you and are eligible to become a registered member upon turning 18 years of age) **Please provide photo Identification/or Birth Certificate**

Full Name:

Current Address:

Postal address: (if different from above)

| Telephone: Home | Mobile | | Work | |
|-----------------|--------------------------|------|------|--------|
| Date of birth: | Gender (please tick one) | 🗆 Ma | e 🗆 | Female |

2. Housing need

Provide details of ALL other household members and NWO hapū registration numbers if applicable

| Full name of household members | Gender M/F | Date of Birth | Relationship to you |
|--------------------------------------|------------|---------------|---------------------|
| *you do not need to include yourself | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Do you or anyone in your household require modifications to assist with everyday living? E.g. wheelchair access. If yes, please specify requirements below (provide doctor/or support information).

Do you or anyone else in your household have any other specific housing needs? E.g. medical/mental



| health or disability support. If yes, please specify re | quirements below (attach any additional information). |
|--|--|
| 3. Current living arrangements | |
| Please describe your current living situation(s) (e.g. | renting, boarding, own your home, staying with |
| whānau/other? | |
| | |
| How long have you lived at your current address? | |
| How much rent do you currently pay? | |
| Why do you need to leave this address? | |
| Who is your current landlord? Are you Ok for us to c | ontact him/her/them? |
| Landlord's name: | |
| Landlord Phone number: Landlord Mobile phone: Landlord Email address | |
| 4. Employment status and household income | |
| What are your main sources of income? You can seld | |
| Income details are required to determine affordabili | |
| Full Time salary or wages | Part Time / Seasonal salary or wages |
| Other Income (include all working members of the | Please provide wage advice slips or most recent tax |
| household) | declaration. (include all working members of the household) |
| | |
| Benefit (if yes please specify below) | |
| Unemployment benefit | Single/Joint parenting benefit |
| Invalids benefit | Superannuation |
| Other (please specify) | |
| What Is your MSD/WINZ client number? | |
| Have you been assessed by MSD for the social housi | ng list? |
| What is your MSD rating? | |
| If you are not eligible for IRRS from MSD, would you | ı like assistance/guidance for the Home Ownership |
| Pathways? | |
| 5. General | |

| Please tell us anything else about you that we may need to know in support of this application | | |
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| 6. Documentation checklist | | |
| Please provide the following documents to complete your assessment. You may be asked to update these documents again prior to being offered a property. Please be aware that we have limited rental stock but | | |
| we hope to increase the number of available homes in the future. | | |
| Income details from employer – pay slips (if applicable) | | |
| Identification documents e.g. Passports, driver licence, birth certs for all on application | | |
| WINZ statement (if applicable) | | |
| IRD Working for Families (if applicable) | | |
| 1-month prior bank statement | | |
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| 7. Referrals to other services | | |
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| 7. Referrals to other services Can we help you with referrals to other services? Please tick below: Örākei Health Clinic and Services Whānau Ora-Social Services Financial services – budgeting and financial literacy | | |
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8. Declaration

I certify that all information supplied by me is correct and that my application may be cancelled (without right of review) if the information supplied is incomplete or inaccurate.

I consent to any of this information being made available to Ngāti Whātua Ōrākei Whai Māia for the purposes of allocating whānau to suitable homes available for renting and to be used for statistical purposes.





| I understand that for privacy reasons only the applicant identified in this form may access | | | | |
|---|--|--|--|--|
| information about the application. Only information relating to updating details and eligibility will | | | | |
| be exchanged. | | | | |
| I understand I will have to provide further informa | ition and proof of income before being offered a | | | |
| home by Whai Māia. | | | | |
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| Applicant's name: | | | | |
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| | | | | |
| Applicant's signature: | | | | |
| | | | | |
| Date: | | | | |
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| Under the Privacy Act 1993 (updated 2020) you ha | ave the right to ask for a copy of all information | | | |
| held about you and the right to request the correc | tion of any incorrect information. | | | |
| Please return the application by post or email to: - | | | | |
| Ngāti Whātua Ōrākei Whai Māia Ltd | | | | |
| PO Box 42-045 | | | | |
| Ōrākei | | | | |
| Auckland 1071 | | | | |
| Ph 09 336 1670 | | | | |
| info@ngatiwhatuaorakei.com | | | | |
| Interviewed on: | Date application received: | | | |
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| NOTES: | | | | |
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Tēnā koe,

Now that we are an approved Social Housing Provider we are required to comply with government processes. To qualify for this service, you need to contact Ministry of Social Development for an assessment on your current housing situation. This is only if you think you will qualify for social housing.

Whai Māia Ltd can organise for MSD to contact you or you can follow the instructions below:

Phone 0800 559 009 or 0800 673 468 ask for Housing MSD - have a pen or pencil and paper ready

- Be courteous and patient
- Always ask who you are speaking to
- Ask to be assessed for Social Housing
- If you are eligible-ask for your MSD/ or SWN number
- Advise the assessor that you are a registered hapū member of Ngāti Whātua Ōrākei
- Make a note of the date and time of your call and the name of the person you have spoken to
- WRITE everything down

Remember whānau there are never any wrong questions only wrong answers so if in doubt ASK.

If you are not eligible for Social Housing then please note this on your application and return it to Tenancy Manager at Ngāti Whātua Ōrākei Whai Māia Limited - 230 Kupe St Orakei 1071 or post it to Ngāti Whātua Ōrākei Whai Māia Limited, P O Box 42045 Orakei, Auckland 1745. Attention: Kirsteen Durham

Ngā Mihi

Tenancy Manager



Phone 021 517 432 housing@nwo.iwi.nz MONTH/DATE