

# Expression of interest Form

## SOCIAL RENTAL

To qualify for a social rental property, you must first be on Ministry of Social Developments housing register. To register, please call Work and Income on 0800 559 009.

If you are on the housing register, please provide your client ID# and housing priority as indicated on your letter sent to you from MSD.

Applicant 1 Client ID# ..... Priority (A) or (B)

Applicant 2 Client ID# ..... Priority (A) or (B)

APPLICANT DETAILS	
Applicant 1 full name _____	DOB ____/____/____
Applicant 2 full name _____	DOB ____/____/____
Phone: home _____	Work _____ Mobile _____
Email _____	

<b>CHILDREN / FAMILY</b> <i>Please list children who would live with you, if your application is successful, and, if applicable, any other extended family/whanau who would live with you.</i> Full name (complete on additional sheet if necessary)	Date of birth/age	Gender
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

ETHNICITY Which best describes your family
<input type="checkbox"/> NZ of European descent <input type="checkbox"/> NZ of Maori descent (iwi, if applicable) _____
<input type="checkbox"/> of Pacific Island descent <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Other (specify) _____

**CURRENT ACCOMMODATION**

Current address \_\_\_\_\_  
\_\_\_\_\_

Renting       Boarding       In Housing NZ accommodation       Emergency accommodation

Other (**please detail**) \_\_\_\_\_

How long have you lived in your current accommodation? \_\_\_\_\_

How much rent or board are you paying? \$ \_\_\_\_\_ **per week / per fortnight**

Do you receive an accommodation benefit? **YES / NO** \$ \_\_\_\_\_ **per fortnight**

**PREVIOUS TENANCY ADDRESSE(S)**

Address \_\_\_\_\_

How long did you live at this address \_\_\_\_\_

Landlord Details \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

How long did you live at this address \_\_\_\_\_

Landlord Details \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

How long living at this address \_\_\_\_\_

How long did you live at this address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

<b>INCOME</b> Please tick all types of income you receive and complete amount details				
<input type="checkbox"/>	Wages or salary – applicant 1	Employer Full time/part time/casual/temporary	\$	week/fortnight/month
<input type="checkbox"/>	Wages or salary – applicant 1 (second income)	Employer Full time/part time/casual/temporary	\$	week/fortnight/month
<input type="checkbox"/>	Wages or salary – applicant 2	Employer Full time/part time/casual/temporary	\$	week/fortnight/month
<input type="checkbox"/>	Wages or salary – applicant 2 (second income)	Employer Full time/part time/casual/temporary	\$	week/fortnight/month
<input type="checkbox"/>	Benefit – applicant 1	Type of benefit	\$	week/fortnight/month
<input type="checkbox"/>	Benefit – applicant 2	Type of benefit	\$	week/fortnight/month
<input type="checkbox"/>	Working for Families		\$	week/fortnight/month
<input type="checkbox"/>	ACC payment		\$	week/fortnight/month
<input type="checkbox"/>	Other (eg board)	Please state	\$	week/fortnight/month
<b>Do you have KiwiSaver? YES/NO</b>				

**LOCATION** Where are you applying for a home?

- |                                     |                                     |                                      |                                 |
|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Hamilton   | <input type="checkbox"/> Rotorua    | <input type="checkbox"/> Hastings    | <input type="checkbox"/> Napier |
| <input type="checkbox"/> Gisborne   | <input type="checkbox"/> Taupo      | <input type="checkbox"/> Putaruru    | <input type="checkbox"/> Tirau  |
| <input type="checkbox"/> Otorohanga | <input type="checkbox"/> Taumarunui | <input type="checkbox"/> Other _____ |                                 |

I certify the information included in this document is true and accurate, as best to my knowledge. *Co-applicant to sign if applicable.*

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Please send form to 29 Bryant Road, Te Rapa, Hamilton 3200 or via email [sofia.wright@habitat.org.nz](mailto:sofia.wright@habitat.org.nz)