

## Kāinga Tuatahi Home Application

What is the address of the whare you are buying?

This application will help to evaluate whether you meet the criteria for buying a home in Kāinga Tuatahi. For assistance, please email <a href="mailto:info@ngatiwhatuaorakei.com">info@ngatiwhatuaorakei.com</a>

Kāinga Tuatahi Home

Section 1

All applicants must complete this section.

| Applicant One Information  First Name  | Applicant One Information  First Name   Last Name   Place of Birth   Place | Who are you buying the wh                     | are from?       |                     |                        |                      |         |           |
|--|--|---|-----------------|---------------------|------------------------|----------------------|---------|-----------|
| First Name   | First Name Date of Birth Place of Birth Place of Birth Place of Birth Place of Birth  Address   Email  Email  Atternative Contact  Are you a member of Ngâti Whâtua Orâkei Trust?  |   |                 |                     | All app                | llicants mu          | ıst com | Section 2 |
| Date of Birth  Address  Phone    Email   | Date of Birth Address  Phone Bemail Alternative Contact Are you a member of Ngâti Whâtua Ôrâkei Trust?   |   | A               | pplicant On         | e Information          |                      |         |           |
| Address  Phone   | Address    Phone   | First Name Last N                             |                 |                     | Last Name              |                      |         |           |
| Phone   Email    Alternative Contact    Are you a member of Ngâti Whâtua Orâkei Trust?   Y N Ngâti Whâtua Orâkei Membership Number:    If you are not a member, are you the spouse or parent of a registered member? If yes, please provide details.  Do you have any tamariki or other dependents?   Yes No No    If yes, please state names and ages    Do you consent to a police check?   Yes No No    Do you consent to a credit check?   Yes No No    Do you consent to a tenancy check?   Yes No No    If no, please explain    Driver Licence Number   Expiry Date   Version No.    Please attach a copy of both sides of your driver's licence.  Sectio    All applicants must complete this section    Are you a first home buyer?   Yes No    Are you selling a property to purchase a home in Kãinga Tuatahi?   Yes   No | Phone   Email    Alternative Contact  Are you a member of Ngāti Whātua Orākei Trust?   Y N Ngāti Whātua Orākei Membership Number:  If you are not a member, are you the spouse or parent of a registered member? If yes, please provide details.  Do you have any tamariki or other dependents?   Yes   No    If yes, please state names and ages  Do you consent to a police check?   Yes   No    Do you consent to a credit check?   Yes   No    Do you consent to a tenancy check?   Yes   No    If no, please explain  Driver Licence Number   Expiry Date   Version No.  Please attach a copy of both sides of your driver's licence.  Section All applicants must complete this section    Your Home Purchasing Status  Are you a first home buyer?   Yes   No    Are you selling a property to purchase a home in Kāinga Tuatahi?   Yes   No    Do you have a signed sales and purchase agreement?   Yes   No   | Date of Birth                                 |                 |                     | Place of Birth         |                      |         |           |
| Alternative Contact  Are you a member of Ngāti Whātua Ōrākei Trust?  | Alternative Contact  Are you a member of Ngāti Whātua Örākei Trust?  | Address                                       |                 |                     |                        |                      |         |           |
| Alternative Contact  Are you a member of Ngāti Whātua Ōrākei Trust?  | Alternative Contact  Are you a member of Ngāti Whātua Örākei Trust?  | Dhana   |                 |                     | E                      |                      |         | _         |
| Are you a member of Ngāti Whātua Örākei Trust?   | Are you a member of Ngāti Whātua Ōrākei Trust?   |   |                 |                     | Email                  |                      |         |           |
| If you are not a member, are you the spouse or parent of a registered member? If yes, please provide details.  Do you have any tamariki or other dependents?   | If you are not a member, are you the spouse or parent of a registered member? If yes, please provide details.  Do you have any tamariki or other dependents?   |   | -               |                     | N -0340 -1 - 5 -1 -14  |                      |         |           |
| member? If yes, please provide details.  Do you have any tamariki or other dependents?   | member? If yes, please provide details.  Do you have any tamariki or other dependents?   |   |                 |                     | Ngati whatua Orakei Me | embersnip Nu         | mber:   |           |
| If yes, please state names and ages  Do you consent to a police check?   | If yes, please state names and ages  Do you consent to a police check?   |   |                 | ent of a registered |                        |                      |         |           |
| Do you consent to a police check?  | Do you consent to a police check?  | Do you have any tamariki or other dependents? |                 | □ Yes               |                        | □ No                 |         |           |
| Do you consent to a credit check?  | Do you consent to a credit check?  | If yes, please state names and ages           |                 |                     |                        |                      |         |           |
| Do you consent to a credit check?  | Do you consent to a credit check?  |   |                 | <u> </u>            |                        |                      |         |           |
| Do you consent to a tenancy check?   | Do you consent to a tenancy check?   | Do you consent to a police chec               | ck?             | ☐ Yes               |                        | □ No                 |         |           |
| Driver Licence Number Expiry Date Version No.  Please attach a copy of both sides of your driver's licence.  Section All applicants must complete this section Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi? Yes No   | Driver Licence Number   Expiry Date   Version No.    Please attach a copy of both sides of your driver's licence.  Section All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?   Yes   No  Are you selling a property to purchase a home in Kāinga Tuatahi?   Yes   No  Do you have a signed sales and purchase agreement?   Yes   No  | Do you consent to a credit chec               | :k?             | ☐ Yes               |                        | □ No                 |         |           |
| Driver Licence Number   Expiry Date   Version No.    Please attach a copy of both sides of your driver's licence.  Section   All applicants must complete this section    Your Home Purchasing Status   Yes   No    Are you a first home buyer?   Yes   No    Are you selling a property to purchase a home in Kāinga Tuatahi?   Yes   No  | Driver Licence Number  |   | ieck?           | ☐ Yes               |                        | □ No                 |         |           |
| Sectio  All applicants must complete this sectio  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Yes  No  | Section All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  | If no, please explain                         |                 |                     |                        |                      |         |           |
| Sectio  All applicants must complete this sectio  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kainga Tuatahi?  Yes  No  | Section All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  | Driver Licence Number                         | l F             | Expiry Date         |                        | Version No           |         |           |
| All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Yes  No   | All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Yes  No  Do you have a signed sales and purchase agreement?  Yes  No  |   |                 |                     |                        | V OI OI OI I I I I O |         |           |
| All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Yes  No   | All applicants must complete this section  Your Home Purchasing Status  Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Yes  No  Do you have a signed sales and purchase agreement?  Yes  No  |   |                 |                     |                        |                      |         | Section : |
| Are you a first home buyer? ☐ Yes ☐ No  Are you selling a property to purchase a home in Kāinga Tuatahi? ☐ Yes ☐ No  | Are you a first home buyer?  Are you selling a property to purchase a home in Kāinga Tuatahi?  Do you have a signed sales and purchase agreement?  Yes  No   |   |                 |                     | All app                | licants mu           | ıst con |           |
| Are you selling a property to purchase a home in Kāinga Tuatahi? ☐ Yes ☐ No  | Are you selling a property to purchase a home in Kāinga Tuatahi?   |   | You             | r Home Pur          | chasing Status         |                      |         |           |
|  | Do you have a signed sales and purchase agreement? ☐ Yes ☐ No  | Are you a first home buyer?                   | )               |                     | □ Yes                  |                      | □ No    |           |
| Do you have a signed sales and purchase agreement? ☐ Yes ☐ No  |  | Are you selling a property to                 | purchase a home | e in Kāinga Tuata   | ahi? 🗆 Yes             |                      | □ No    |           |
| ,  | If yes, please attach a copy. If no, please explain how you will acquire?  |   |                 | reement?            | □ Yes                  |                      | □ No    |           |
| If yes, please attach a copy. If no, please explain how you will acquire?  |  | Do you have a signed sales                    | and purchase ag | i deli ile i i i :  |                        |                      |         |           |
|  |  |   |                 |                     |                        |                      |         |           |
|  |  |   |                 |                     |                        |                      |         |           |
|  |  |   |                 |                     |                        |                      |         |           |
|  |  |   |                 |                     |                        |                      |         |           |
|  |  |   |                 |                     |                        |                      |         |           |

## Section 4

Please complete this section if this is a joint application.

|   | 1                        | Applicant Tw            | o Information          |                   |   |
|---|--------------------------|-------------------------|------------------------|-------------------|---|
| First Name  |                          |                         | Last Name              |                   |   |
| Date of Birth                                     |                          |                         | Place of Birth         |                   |   |
| Address   |                          |                         |                        |                   |   |
|   | 1                        |                         |                        |                   |   |
| Phone   |                          |                         | Email                  |                   |   |
| Alternative Contact                               |                          |                         | 1                      | 1                 |   |
| Are you a member of Nga                           | iti Whātua Ōrākei Trust? | $\square$ Y $\square$ N | Ngāti Whātua Ōrākei N  | nembership Number | r:                                      |
| If you are not a member, member? If yes, please p |                          | arent of a registered   |                        |                   |   |
| Do you have any tamariki                          | or other dependents?     | ☐ Yes                   |                        | □ No              |   |
| If yes, please state name                         | s and ages               |                         |                        |                   |   |
|   |                          |                         |                        |                   |   |
| Do you consent to a police                        | e check?                 | ☐ Yes                   |                        | □ No              |   |
| Do you consent to a cred                          | t check?                 | □ Yes                   |                        | □ No              |   |
| Do you consent to a tena                          | ncy check?               | □ Yes                   |                        | □ No              |   |
| If no, please explain                             |                          |                         |                        |                   |   |
|   |                          |                         |                        |                   |   |
| Driver Licence Number                             |                          | Expiry Date             |                        | Version No.       |   |
|   |                          | Tenancy I               | References             |                   |   |
| Please list your most i                           | ecent two tenancy re     | ferences.               |                        |                   |   |
| Landlord's Name                                   |                          |                         | Time at property       |                   |   |
| Address   |                          |                         | Phone                  |                   |   |
|   |                          |                         |                        |                   |   |
| Landlanda Nicos                                   |                          |                         | T:                     |                   |   |
| Landlord's Name Address                           |                          |                         | Time at property Phone |                   | _                                       |
| Address   |                          |                         | 1 Hone                 |                   |   |
|   |                          |                         |                        |                   | Qaatian                                 |
|   |                          |                         | All ap                 | plicants must o   | Section complete this section           |
|   |                          | Current E               | mployment              | 1                 |   |
| Job Title   |                          |                         |                        |                   |   |
| Company   |                          |                         | Phone                  |                   |   |
| Address   |                          |                         | I                      |                   |   |
| Email Address                                     |                          |                         |                        |                   |   |
| Start Date  |                          |                         |                        |                   |   |
| Previou   | s Employment             | t (if at curren         | t position for le      | ess than six      | months)                                 |
| Job Title   |                          | (                       |                        |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Company   |                          |                         | Phone                  |                   | _                                       |
| Address   |                          |                         | 1                      | <u> </u>          |   |
| Email Address                                     |                          |                         |                        |                   | _                                       |
| Start Date  |                          |                         | nd Date                |                   |   |

| Payment  |                                  |                          |
|--|----------------------------------|--------------------------|
| Please note, the information in this section is gathered in order for Whai Rawa Financing of Terrorism Act 2009. | to comply with the Anti-Money La | aundering and Countering |
| How do you intend to fund the purchase of the property?  |                                  |                          |
|  |                                  |                          |
|  |                                  |                          |
|  |                                  |                          |
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|  |                                  |                          |
|  |                                  |                          |
| Do you require a loan from Whai Rawa?  | □ Yes                            | □ No                     |
| If <b>yes</b> , please complete Section 8 of this form.  | □ res                            | □ NO                     |
|  |                                  |                          |
| If <b>no</b> , what are the sources of deposit and cash payment? (i.e. Kiwisa                                    | aver, term investment, innerit   | ance etc)                |
|  |                                  |                          |
|  |                                  |                          |
|  |                                  |                          |
|  |                                  |                          |
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|  |                                  |                          |
|  |                                  |                          |
| Please complete and sign Section 9 of this form.   |                                  |                          |

## Section 8

Please complete this section if you require a loan from Whai Rawa to purchase this home.

This information will be used to assess your affordability.

|  |                                      | บราเ                              |          |  |  |  |  |
|--|--------------------------------------|-----------------------------------|----------|--|--|--|--|
| Do you currently have the full purchase of the whare?                      | deposit needed for the               | □ Yes                             | □ No     |  |  |  |  |
| Amount of Deposit:   |                                      | Type of Deposit:                  |          |  |  |  |  |
| Are you eligible to withdraw   |                                      | If so, what is your current       |          |  |  |  |  |
| your Kiwisaver?  | □Y □N                                | balance?                          |          |  |  |  |  |
|  |                                      |                                   |          |  |  |  |  |
|  | Income – Ap                          | oplicant One                      |          |  |  |  |  |
| WEEKLY/MONTHLY Income  |                                      |                                   |          |  |  |  |  |
| BEFORE/AFTER<br>Tax  |                                      | Source of Income                  |          |  |  |  |  |
| (Please circle)  |                                      |                                   |          |  |  |  |  |
| Is there anything that may happen in the near future that will change your |                                      |                                   |          |  |  |  |  |
| income significantly?  |                                      |                                   |          |  |  |  |  |
|  |                                      |                                   |          |  |  |  |  |
|  | Income - Applicant                   | t Two (if applicable)             |          |  |  |  |  |
| WEEKLY/MONTHLY Income  |                                      |                                   |          |  |  |  |  |
| BEFORE/AFTER<br>Tax  |                                      | Source of Income                  |          |  |  |  |  |
| (Please circle)  |                                      |                                   |          |  |  |  |  |
| Is there anything that may hap   | ppen in the near future that will cl | nange your                        |          |  |  |  |  |
| income significantly?  |                                      |                                   |          |  |  |  |  |
|  |                                      |                                   |          |  |  |  |  |
|  | Assets – Ap                          | pplicant One                      |          |  |  |  |  |
| OWNER OCCUPIED<br>HOUSE  |                                      |                                   |          |  |  |  |  |
| Value:   |                                      | Details (address, time owned):    |          |  |  |  |  |
| Motor Vehicle(s)   |                                      |                                   |          |  |  |  |  |
| Value:   |                                      | Details (make, model, year):      |          |  |  |  |  |
| Boat(s)  |                                      |                                   |          |  |  |  |  |
| Value:   |                                      | Details (make, model, year):      |          |  |  |  |  |
| Investment(s)  |                                      |                                   |          |  |  |  |  |
| Value:   |                                      | Details (shares, bonds, savings): |          |  |  |  |  |
| Assets (Contents)  |                                      |                                   |          |  |  |  |  |
| Value:   |                                      | Details (type of asset):          |          |  |  |  |  |
| Do you have any insurance(s) etc?  | such as life, house, contents,       | □ Yes                             | □ No     |  |  |  |  |
| If so, please provide details:   |                                      | I                                 | <u>l</u> |  |  |  |  |
|  |                                      |                                   |          |  |  |  |  |

|  | Assets - Applicant | Two (if applicable)               |      |
|--|--------------------|-----------------------------------|------|
| OWNER OCCUPIED<br>HOUSE  |                    |                                   |      |
| Value:   |                    | Details (address, time owned):    |      |
| Motor Vehicle(s)   |                    |                                   |      |
| Value:   |                    | Details (make, model, year):      |      |
| Boat(s)  |                    |                                   |      |
| Value:   |                    | Details (make, model, year):      |      |
| Investment(s)  |                    |                                   |      |
| Value:   |                    | Details (shares, bonds, savings): |      |
| Assets (Contents)  |                    | -                                 |      |
| Value:   |                    | Details (type of asset):          |      |
| Do you have any insurance(s) such as life, house, contents, etc? |                    | □ Yes                             | □ No |
| If so, please provide details:                                   |                    |                                   |      |
|  |                    |                                   |      |
|  |                    |                                   |      |

|  | Liabilities – A | Applicant One                  |  |
|--|-----------------|--------------------------------|--|
| Loan(s) (Home, other)                  |                 |                                |  |
|  |                 |                                |  |
| Total Value:                           |                 | Loan Provider:                 |  |
| Remaining Balance:                     |                 | Loan Term:                     |  |
| Personal/Other Loan(s)                 |                 |                                |  |
|  |                 |                                |  |
| Total Value:                           |                 | Loan Provider:                 |  |
| Remaining Balance:                     |                 | Loan Term:                     |  |
| Hire Purchase/Finance                  |                 |                                |  |
| Lease(s)                               |                 |                                |  |
| Product Details:                       |                 |                                |  |
| Total Value:                           |                 | Provider:                      |  |
| Remaining Balance:                     |                 | Loan Term:                     |  |
| Credit Card(s)/Store                   |                 |                                |  |
| Card(s)                                |                 |                                |  |
|  |                 |                                |  |
| Provider:<br>Limit:                    |                 | Balance:                       |  |
| Provider:                              |                 |                                |  |
| Limit:                                 |                 | Balance:                       |  |
| Provider:<br>Limit:                    |                 | Balance:                       |  |
| Other Liabilities                      |                 |                                |  |
|  |                 |                                |  |
| STUDENT LOAN/LOAN                      |                 | Details (type of liability,    |  |
| FROM FAMILY/OTHER LOAN/OTHER LIABILITY |                 | value, length of term,         |  |
| (please circle):                       |                 | repayment interest rate, etc): |  |

|   | Liabilities - Applicar | nt Two (if appli          | cable)      |                          |
|---|------------------------|---------------------------|-------------|--------------------------|
| Loan(s) Home, other)                    |                        |                           |             |                          |
| Total Value:                            |                        |                           |             |                          |
| Remaining Balance:                      |                        | Loan Provider: Loan Term: |             |                          |
| Personal/Other Loan(s)                  |                        | Loan Tellii.              |             |                          |
| reisonal/other Loan(s)                  |                        |                           |             |                          |
| Total Value:                            |                        | Loan Provider:            |             |                          |
| Remaining Balance:                      |                        | Loan Term:                |             |                          |
| Hire Purchase/Finance<br>Lease(s)       |                        |                           |             |                          |
| Lease(s)                                |                        |                           |             |                          |
| Product Details:                        |                        | Provider:                 |             |                          |
| Total Value:                            |                        | Loan Term:                |             |                          |
| Remaining Balance: Credit Card(s)/Store |                        | Loan Term.                |             |                          |
| Card(s)                                 |                        |                           |             |                          |
|   |                        |                           |             |                          |
| Provider:<br>Limit:                     |                        | Balance:                  |             |                          |
| Provider:                               |                        | Dalamas                   |             |                          |
| Limit: Provider:                        |                        | Balance:                  |             |                          |
| Limit:                                  |                        | Balance:                  |             |                          |
| Other Liabilities                       |                        |                           |             |                          |
| Student Loan/Loan from                  |                        | Details (type of liabi    | lity        |                          |
| Family/Other Loan/Other                 |                        | value, length of tern     | n,          |                          |
| Liability (please circle):              |                        | repayment interest        | rate, etc): |                          |
|   |                        |                           |             |                          |
|   | Outgoings – A          | Applicant One             |             |                          |
| Rent/Mortgage<br>Repayments             |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Ropaymonto                              |                        |                           | ☐ Monthly   | ☐ Portrightly ☐ Annually |
| Amount:                                 |                        | Frequency:                | □ Monthly   | □ Allitually             |
| Rates/Insurance                         |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Amount:                                 |                        | Fraguana.                 | ☐ Monthly   | ☐ Annually               |
| Student Loan                            |                        | Frequency:                |             |                          |
|   |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Amount:                                 |                        | Frequency:                | ☐ Monthly   | ☐ Annually               |
| Hire Purchase/Finance<br>Lease          |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Loudo                                   |                        |                           | ☐ Monthly   | ☐ Annually               |
| Amount:                                 |                        | Frequency:                | - Worlding  | - Almany                 |
| Overdraft(s)                            |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Amount:                                 |                        | Fraguana.                 | ☐ Monthly   | ☐ Annually               |
| Credit Card/Store Card                  |                        | Frequency:                |             |                          |
| Payments                                |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
| Amount:                                 |                        | Frequency:                | ☐ Monthly   | ☐ Annually               |
| Child                                   |                        | , ,                       |             |                          |
| Support/Maintenance                     |                        |                           | ☐ Weekly    | ☐ Fortnightly            |
|   |                        | Fraguenov:                | ☐ Monthly   | ☐ Annually               |

Frequency:

Amount:

| Outgoings – Applicant Two (if applicable) |  |              |  |  |  |  |
|---|--|--------------|--|--|--|--|
| Rent/Mortgage<br>Repayments               |  | Frequency:   | <ul><li>☐ Weekly</li><li>☐ Monthly</li></ul> | <ul><li>☐ Fortnightly</li><li>☐ Annually</li></ul> |  |  |
| Rates/Insurance                           |  | Frequency:   | ☐ Weekly                                     | ☐ Fortnightly                                      |  |  |
| Student Loan Amount:                      |  | Frequency:   | <ul><li>☐ Weekly</li><li>☐ Monthly</li></ul> | ☐ Fortnightly                                      |  |  |
| Hire Purchase/Finance Lease  Amount:      | ce   | Frequency:   | ☐ Weekly                                     | ☐ Fortnightly                                      |  |  |
| Overdraft(s) Amount:                      |  | Frequency:   | ☐ Weekly                                     | ☐ Fortnightly☐ Annually                            |  |  |
| Credit Card/Store Ca<br>Payments  Amount: | rd   | Frequency:   | ☐ Weekly                                     | ☐ Fortnightly☐ Annually                            |  |  |
| Child<br>Support/Maintenance              | 3  | Frequency:   | ☐ Weekly                                     | <ul><li>☐ Fortnightly</li><li>☐ Annually</li></ul> |  |  |
|   |  | nd signature |  | Section 9 nplete this section.                     |  |  |
| I understand that fal                     | wers are true and complete to the b<br>se or misleading information in my  |              |  | an unsuccessful                                    |  |  |
|   | awa having access to my private in<br>rmation will be held securely and us | -            |  | e buying   |  |  |
| Signature -<br>Applicant One              |  | Date         |  |  |  |  |
| Signature -<br>Applicant Two              |  | Date         |  |  |  |  |

(if applicable)