

Kāinga Tuatahi Home Application

This application will help to evaluate whether you meet the criteria for buying a home in Kāinga Tuatahi. For assistance, please email info@ngatiwhatuaorakei.com

Section 1

All applicants must complete this section.

Kāinga Tuatahi Home	
What is the address of the whare you are buying?	
Who are you buying the whare from?	

Section 2

All applicants must complete this section.

Applicant One Information			
First Name		Last Name	
Date of Birth		Place of Birth	
Address			
Phone		Email	
Alternative Contact			
Are you a member of Ngāti Whātua Ōrākei Trust?	<input type="checkbox"/> Y <input type="checkbox"/> N	Ngāti Whātua Ōrākei 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please state names and ages			
Do you consent to a police check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you consent to a credit check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you consent to a tenancy check?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 3

All applicants must complete this section.

Your Home Purchasing Status		
Are you a first home buyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you selling a property to purchase a home in Kāinga Tuatahi?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a signed sales and purchase agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach a copy. If no, please explain how you will acquire?		
Will the property be your principal place of residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4

Please complete this section if this is a joint application.

Applicant Two Information					
First Name		Last Name			
Date of Birth		Place of Birth			
Address					
Phone		Email			
Alternative Contact					
Are you a member of Ngāti Whātua Ōrākei Trust?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Ngāti Whātua Ōrākei 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?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, please state names and ages					
Do you consent to a police check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you consent to a credit check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you consent to a tenancy check?	<input type="checkbox"/> Yes		<input type="checkbox"/> 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 5

All applicants must complete this section.

Tenancy References			
<i>Please list your most recent two tenancy references.</i>			
Landlord's Name		Time at property	
Address		Phone	
Landlord's Name		Time at property	
Address		Phone	

Section 6

All applicants must complete this section.

Current Employment			
Job Title			
Company		Phone	
Address			
Email Address			
Start Date			
Previous Employment (if at current position for less than six months)			
Job Title			
Company		Phone	
Address			
Email Address			
Start Date		End Date	

Section 7

All applicants must complete this section.

Payment

Please note, the information in this section is gathered in order for Whai Rawa to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

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 **yes**, please complete Section 8 of this form.

If **no**, what are the sources of deposit and cash payment? (i.e. Kiwisaver, term investment, inheritance 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.

Deposit			
Do you currently have the full deposit needed for the purchase of the whare?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount of Deposit:		Type of Deposit:	
Are you eligible to withdraw your Kiwisaver?	<input type="checkbox"/> Y <input type="checkbox"/> N	If so, what is your current balance?	

Income – Applicant One			
WEEKLY/MONTHLY Income		Source of Income	
BEFORE/AFTER Tax			
(Please circle)			
Is there anything that may happen in the near future that will change your income significantly?			

Income – Applicant Two (if applicable)			
WEEKLY/MONTHLY Income		Source of Income	
BEFORE/AFTER Tax			
(Please circle)			
Is there anything that may happen in the near future that will change your income significantly?			

Assets – Applicant One			
OWNER OCCUPIED 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please provide details:			

Assets – Applicant Two (if applicable)			
OWNER OCCUPIED 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please provide details:			

Liabilities – 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: Limit:		Balance:	
Provider: Limit:		Balance:	
Provider: Limit:		Balance:	
Other Liabilities			
STUDENT LOAN/LOAN FROM FAMILY/OTHER LOAN/OTHER LIABILITY (please circle):		Details (type of liability, value, length of term, repayment interest rate, etc):	

Liabilities – Applicant Two (if applicable)

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: Limit:		Balance:	
Provider: Limit:		Balance:	
Provider: Limit:		Balance:	
Other Liabilities			
Student Loan/Loan from Family/Other Loan/Other Liability (please circle):		Details (type of liability, value, length of term, repayment interest rate, etc):	

Outgoings – Applicant One

Rent/Mortgage Repayments			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Rates/Insurance			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Student Loan			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Hire Purchase/Finance Lease			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Overdraft(s)			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Credit Card/Store Card Payments			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	
Child Support/Maintenance			<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount:		Frequency:	

Outgoings – Applicant Two (if applicable)

Rent/Mortgage Repayments Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Rates/Insurance Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Student Loan Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Hire Purchase/Finance Lease Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Overdraft(s) Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Credit Card/Store Card Payments Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually
Child Support/Maintenance Amount:		Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Annually

Section 9

All applicants must complete this section.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in an unsuccessful application.

I consent to Whai Rawa having access to my private information for the purposes of the home buying application This information will be held securely and used for no other purpose.

Signature - Applicant One		Date	
Signature - Applicant Two (if applicable)		Date	