

APPLICATION FORM

Assisted Home Ownership Housing Programme

Families who meet the following criteria will be considered.

Please tick the ones that apply to you:

	Tick
Have 1 or more dependent children	<input type="checkbox"/>
NZ Citizen or NZ Residency	<input type="checkbox"/>
Steady employment with income	<input type="checkbox"/>
Enrolled in or willing to enrol in KiwiSaver	<input type="checkbox"/>
Demonstrate charitable need	<input type="checkbox"/>
Have no serious criminal convictions or charges pending	<input type="checkbox"/>
Be able to show evidence of a good tenancy and credit history	<input type="checkbox"/>
Have waited two years after being discharged from bankruptcy or NAP and have re-established a good credit rating	<input type="checkbox"/>
Stable credit history	<input type="checkbox"/>
Prepared to commit 400 sweat equity hours during the building process	<input type="checkbox"/>

Full Name of Applicant *

Age *

Date of Birth *

How did you hear about Doing Good Foundation? *

- Facebook Instagram
 Newsletter Referral
 Radio Google
 DGF Website Other

Relationship & Status

Is this a joint application? *

- Yes
 No

Spouse/Partner's Full Name (if applicable) *

Partner's Age (if applicable) *

Partner's Date of Birth (if applicable) *

Relationship Status *

- Married De facto
 Single Divorced
 Widowed

How long have you been together (if applicable)? *

Ethnic Group *

- NZ European
 Maori

Pacific Island

Asian

Other

What Iwi do you belong to ?

Partner's Ethnic Group (if applicable) *

NZ European

Maori

Pacific Island

Asian

Other

What Iwi does your partner belong to (if applicable)?

NZ Citizenship *

Permanent NZ Residency *

Yes

Yes

No

No

Do you have family or communal land available to potentially build on? *

Yes

No

Where is the land located? *

Children or Other Family Members Living With You

	Full Name	Gender	Age	DOB	Ethnicity	Relationship to you
1						
2						
3						
4						
5						
6						
7						
8						

Contact Details

Your Current Address *

City *

How long have you lived there ? *

Email Address *

Phone Number *

Current Housing Situation

Please describe your current housing situation e.g. Renting, boarding, living with extended family, living in a caravan, etc. *

Number of Bedrooms *

Is there anything in this property that is affecting the wellbeing or health of any family member/s (e.g. Overcrowding, health/mental health issues, disabilities, cold/damp etc.)? *

- No
 Yes please describe

Have you or your spouse/partner ever: *

	Yes	No
had a criminal conviction	<input type="checkbox"/>	<input type="checkbox"/>
been declared Bankrupt or placed under a 'No Assets Procedure'(NAP)?	<input type="checkbox"/>	<input type="checkbox"/>
been evicted as a tenant	<input type="checkbox"/>	<input type="checkbox"/>
been involved in any legal dispute or court matter	<input type="checkbox"/>	<input type="checkbox"/>
owned a home before or previously applied for a housing loan	<input type="checkbox"/>	<input type="checkbox"/>
taken a course in money management or budgeting	<input type="checkbox"/>	<input type="checkbox"/>

Total annual household income (before tax): *

Do you have KiwiSaver? *

- No
 Yes - approximate current amount in KiwiSaver:

Would you be willing to join KiwiSaver? *

- Yes
 No

Does your partner have KiwiSaver (if applicable)? *

- No
 Yes - approximate current amount in KiwiSaver:

Would your partner be willing to join KiwiSaver (if applicable)? *

- Yes
 No

Employment

Are you currently employed? *

- No
 Yes

Current employer, job position &/or type of work?

How long have you worked there? *

- 1 Year or less
- 2 Year
- 3 Year
- 4 Year or more

Please provide details of previous work / work history. *

Please list your qualifications, skills &/or training details.

Is your partner currently employed (if applicable)? *

- No
- Yes

Partner's current employer, job position &/or type of work?

How long has your partner worked there (if applicable)? *

- 1 Year or less
- 2 Year
- 3 Year
- 4 Year or more

Please provide details of your partner's previous work / work history (if applicable): *

Please list your partner's qualifications, skills &/or training details (if applicable):

About You

The DGF Family Selection Committee (FSC) will evaluate your application.

Please help them to understand your family and your situation in as much detail as possible.

This section is important in determining the outcome of your application. Please take your time to give extensive detail when answering.

Please tell us about your family and the challenges you are facing - i.e. outline your charitable need.*

If you are unsure about your possible charitable need, please call the DGF Family Liaison for a confidential chat on: 027 571 5054



As part of this application process you will be asked to visit the **Bay Financial Mentors**. (Historic Village, 17th Ave, Tauranga South) and provide them with full details of your income and expenditure.

The budget advisory service will provide Doing Good Foundation with a report detailing your income and expenditure and a summary of your financial position.

Please list two people who are not family or relatives that Doing Good Foundation can contact who know of your situation and can act as referees for you. You will be consulted before any referees are contacted.

	Full Name	Address	Phone
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please send any relevant documents to support your application (optional)

For the purposes of the Privacy Act 1993 I/we agree to provide all the requested information to Doing Good Foundation for their use in the housing evaluation and selection process.

I/we agree that Doing Good Foundation may contact any third party to request verification or further information regarding our application.

I/we state that the information given in this application is correct and understand that the application may be declined if at any time, it is found that I/we have knowingly given false information.

Signature/s

[clear](#)

Save Progress

Submit