

Māori Housing Network Fund

Application Form - Te Puni Kōkiri investing to ensure whānau have access to healthy homes with stable tenure

Purpose

The purpose of the Māori Housing Network Fund is to provide tailored support to whānau through the following pathway that address their housing needs and aspirations. The pathway include:

1. **Critical Repairs**, which help low-income Māori households stay in their homes by investing in essential repairs;

The investment approach of the Māori Housing Network Fund is approved by the Minister for Māori Development.

How to apply for investment from the Māori Housing Network Fund

- Please follow the steps in the application form and provide it completed, with the required supplementary information, to New Leaf Builders admin@newleafbuilders.co.nz
- Your application must be submitted on this application form.

What happens to your Proposal

Once submitted, it will be assessed. This can take up to six (6) business weeks following receiving the application form completed in full. The Te Puni Kōkiri Investment Committee make all investment decisions. Investment is subject to the availability of funds. There is no guarantee that this application will lead to Investment.

Section 1. Your Information

1.1 Name of applicant:	
1.2 Homeowner (signatory): <i>This person must have appropriate authority to sign the agreement if successful – must have name on title</i>	Name: Phone Number: Email Address:
1.3 Primary Contact: <i>This person is the decision maker of the mahi if successful</i>	Name: Relationship: Phone Number: Email Address:

Section 2. Critical Repairs Patai:

Please answer the following questions by crossing out the answer that does not apply to you, and if prompted, provide additional information.

2.1	Are you the legal owner and occupant of the home you are requesting repairs for?	Yes	No
2.2	Is the home owned by a Whānau Trust?	Yes	No
2.3	Is the home insured?	Yes	No
2.4	Name of insurer:		
2.5	Do you have a community services card or SuperGold card?	Yes	No
2.6	Are you, or whānau members living in the home receiving a benefit?	Yes	No
2.7	Benefit type:		
2.8	Are there children aged between 0-5 years living in the house	Yes	No
2.9	Are there seniors aged 65 years+ living in the house	Yes	No
2.10	Do you, or whānau members living in the home have special health or social needs?	Yes	No
2.11	Are you, or whānau members living in the home in paid employment?	Yes	No

Whare

2.13	Have you received Critical Repairs through Te Puni Kōkiri or another Critical Repairs provider before?	Yes	No
2.12	If yes, please provide the name of provider:		
2.13	What are the main concerns about your whare?		
2.14	How long has the whare needed these repairs?		
2.15	Have you sought investment through other sources? (i.e. Ministry of Development, Kiwibank, Kāinga Whenua Loan, Health provider, Bank loan, etc.)		
2.16	Please provide photos to show the concerns of whare (at least 10)		

Section 3. Supporting Information

Please include the following information with your application

Form	Check if included
Application form filled in	<input type="checkbox"/>
Photos (at least 10)	<input type="checkbox"/>
Copy of Council Rates	<input type="checkbox"/>
Copy of Home insurance policy	<input type="checkbox"/>

Section 4. Declaration:

In signing this Declaration, I:

..... [your name]

1. Confirm the information contained in the application is true and accurate.
2. I understand that my information will be stored in a data system that is used by Te Puni Kōkiri staff for the purpose of investment, research, and analytics. I understand that my identifiers will be removed when used in these aforementioned instances.
3. Understand that there is no guarantee that my critical repairs will be successful in securing an Investment from Te Puni Kōkiri.
4. Agree that Te Puni Kōkiri may collect information from any third party in respect of this application.
5. Agree that the information provided in this document can be used by Te Puni Kōkiri for statistical purposes and/or policy development.
6. Agree that, if successful, my whānau may be required, along with the targeted beneficiaries of the proposed project, to participate in an evaluation of the application.
11. Accept full accountability and responsibility for all requirements associated with the completion of the application.

Name

Signature

.....

(To be signed by the authorised homeowner)

Date

...../...../.....