



Office: 96 Clawton Street
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APARTMENT EXPRESSION OF INTEREST

All apartments are allocated on need, so please list in detail financial / medical conditions / social contacts / supports etc.

FULL NAME OF APPLICANT (a) _____

FULL NAME OF APPLICANT (b) _____

DATE OF BIRTH (a) _____

DATE OF BIRTH (b) _____

FULL ADDRESS/PHONE NO _____

DOCTOR'S NAME (a) _____

DOCTOR'S NAME (b) _____

1. Please cross out any which do not apply:
 - a I am interested in the next apartment which becomes available.
 - b I am **NOT** interested in the next apartment, but would like to be considered for a apartment in the future. When? _____

2. Please list here your assets (excluding furniture and personal effects) and your liabilities:

ASSETS		LIABILITIES	
<u>Description</u>	<u>Value</u>	<u>Description</u>	<u>Value</u>
House	_____	Mortgage	_____
Motor Vehicle	_____	Hire Purchase	_____
Investments	_____	Other (specify)	_____
Other (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Who owns the home you are currently living in? _____

4. Have you gifted money or assets in the last 5 years? YES/NO
Please give details _____

5. Do you have supportive family living locally? _____

6. General Health (list any illness / disabilities:)

7. Are you receiving any Community Support e.g. meals on wheels, homehelp, personal care etc

8. Please explain why you wish to move into a Tainui apartment, also list any other information
which you feel is relevant to your application.

9. Next of Kin:
Name: _____ Relationship to you: _____
Full Address: _____
_____ Phone: _____

10. Solicitor:
Name: _____ Phone: _____

The information I have provided is true and correct.

Signed: _____ Date: _____