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|  | | | | | **ENAH101** | **HOUSINGMODIFICATION**  **moh.processing@enable.co.nz0800 171 995** | | | | | | | | | | | | | | |
| **To be completed by the EMS Assessor** | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** Client No: | | |  | | | | Assessor No: |  | | | S/O No: | | |  | | | | | Eligible Y N | |
| *This service request is being made for the purchase of housing modifications. The EMS Assessor is responsible for ensuring the person receiving the housing modification has read and understood the terms and conditions and authorises Enable New Zealand to use/disclose information as described in the Privacy Act Statement.* | | | | | | | | | | | | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | **EMS ASSESSOR DETAILS** | | | | | | | | | | | |
| NHI |  | | | | | | | | Name | | |  | | | | | | | | |
| Family Name |  | | | | | | | | AEA No: | | |  | | | | | | | | |
| First Name |  | | | | | | | | Email | | |  | | | | | | | | |
| Street Address |  | | | | | | | | Phone | | |  | | | | | | | | |
| Town/City |  | | | | | | | | Fax | | |  | | | | | | | | |
| Postcode |  | | | | | | | | Mobile | | |  | | | | | | | | |
| Telephone |  | | | | | | | | **EMS Assessor Declaration:**  *By completing and submitting this electronic service request I confirm that the assessment and recommendation for housing modifications has been personally completed by me, the service request is correct and I have followed the processes in the current Ministry of Health Housing Modification Services Manual.* | | | | | | | | | | | |
| Date of Birth | /  / | | | | | | | |  | | | | | | | | | | | |
| Gender | Male  Female | | | | | | | |  | | | | | | | | | | | |
| Ethnicity |  | | | | | | | | Assessment Date | | | | /  / | | | | | Date Sent | | /  / |
| Primary contact (if other than client) | Name | | | | | | | | | | | | | | | | | | | |
| Primary contact phone details | Phone | | | | | | | | Mobile | | | | | | | | | | | |
| **ELIGIBILITY DETAILS** | | | | | | | | | | | | | | | | | | | | |
| Diagnosis | |  | | | | | | | | | | | | | | | | | | |
| Disability | |  | | | | | | | | | | | | | | | | | | |
| *Tick one box to indicate the best description for the person’s primary disability type*: | | | | | | | | | | | | | | | | | | | | |
| Physical | | | | Intellectual | | | | | | Sensory | | | | | | | Age Related | | | |
| **The housing modification is essential for:** | | | | | | | | | | | | | | | **Resides** | | | | | |
| Mobility in the home | | | | | | Remaining in the home | | | | | | | | | Own home | | | | | |
| Main carer | | | | | |  | | | | | | | | | Lives alone | | | | | |
| Tick this box if you as the EMS Assessor **DO NOT** support this service request as meeting the Ministry of Health criteria for housing modifications. | | | | | | | | | | | | | | | | | | | | |
| **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | |
| Existing Plan | | | | | | EMS & NASC joint report | | | | | | | | | | Support from behavioural management team | | | | |
| Proposed Plans | | | | | | Signed Terms & Conditions | | | | | | | | | |  | | | | |
| Schedule Summary | | | | | | Property owner approval | | | | | | | | | |  | | | | |
| Quote if under $500 | | | | | |  | | | | | | | | | |  | | | | |

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|  | | | | **ENAH101** | **HOUSING MODIFICATION**  **REPORT & DETAILS**  **moh.processing@enable.co.nz 0800 171 995** | | | | | |
| CLIENT NAME |  | | | | | EMS ASSESSOR | |  | | |
| **Client’s Diagnosis, Impairment, Abilities and Functional Limitations** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Social Situation and Support** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Existing Environment (brief description of house)** | | | | | | | | | | |
| Previous Modifications | | Type: | | |  | | Date: | | /    / |  |
| Access into home from where a vehicle may reasonably park: | | |  | | | | | | | |
| Access within the home: | | |  | | | | | | | |
| Toilet: | | |  | | | | | | | |
| Bathroom: | | |  | | | | | | | |
| Other: | | |  | | | | | | | |
|  | | | | | | | | | | |
| **Identified Problem** | | | | | | | | | | |
|  | | | | | | | | | | |
| **OPTIONS CONSIDERED** | | | | | | | | | | |
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| Enable_RGB | **ENAH102** | **HOUSING MODIFICATION CONCEPT SKETCH**  **moh.processing@enable.co.nz 0800 171 995** | | |
| ***To be completed by the EMS Assessor*** | | | ***Choose One***  **Existing Environment** | **Proposed Modification**  **ENAH1002** |

| **Client Name** |  | **EMS Assessor** |  | | | | |
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|  | | | | | **Notes** | | |
|  | | | | | * **clear description of identified works.** * **sizes, dimensions make or model of equipment.** | | |
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| **DRAWING IS TO SCALE** | | | | **Client Initials** | |  | **Initial Here** |
| **DRAWING IS NOT TO SCALE** | | | | **Property Owner Initials** | |  |  |
|  | | | |  | |  |  |

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| Enable_RGB | **ENAH103** | **HOUSING MODIFICATION**  **SCHEDULE SUMMARY**  **moh.processing@enable.co.nz 0800 171 995** |

| **Client Name** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OT Name** | | | |  | | | | | | | | | | | | | | | | | | | | | **Contact Telephone** | | | | | | | | | | | |  | | | | | |
|  | **Wet Area Shower /Shower Over Bath / Shower Modifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wet Area Shower** | | | | | | | | | **Size\*** | | | | | | | | mm | | | | | | x | | | | | mm | | | |  | | | | | | | | | | |
| **Existing Shower Cubicle** | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | | | | |
| **Shower Over the Bath** | | | | | | | | | | | | **Wall Placement\*\*** | | | | | | | | | | | | | | | | | | | | **Additional Notes** | | | | | | | | | | |
| **Specifications** | | | | | | | | | | | | **Height** | | | | | **Either** | | | | | **Left** | | | | | | | | **Right** | |  | | | | | | | | | | |
| Shower mixer height: | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
| Base of slide shower height | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
| Shower mixer placement | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
|  | *L’ Shape handrail 600mm x 600mm* | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
|  | *Horizontal handrail 600mm* | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
|  | *Vertical handrail 600mm* | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
|  | *Fold down shower seat* | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
|  | *Other (incl. handrails)* | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | | | | | | | | |
| \*shower curtain hangs 100mm inside this area/ \*min recommended dimensions are 1200mm x 1200mm \*\* wall side is determined as if you were standing in the room looking AT the wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Wheelchair Accessible Vanity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New single lever mixer | | | | | | | | | | | | | | | | | | | | Minimum clear space from floor to under vanity: | | | | | | | | | | | | | | | | | | | | mm | | |
|  | | | | | | | | | | | | | | | | | | | | Maximum height of vanity top: | | | | | | | | | | | | | | | | | | | | mm above floor | | |
| **Additional Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: where possible the existing vanity unit and/or tapware will be reused. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Door Widening / Altering** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Re-hang existing door from opposite side | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New hinged door to be minimum clear opening width of: | | | | | | | | | | | | | | | | | | | | | | 760mm  810mm  910mm        mm | | | | | | | | | | | | | | | | | | | | |
| New surface slider to be minimum clear opening width of: | | | | | | | | | | | | | | | | | | | | | | mm | | | | | | | | | | | | | | | | | | | | |
| New cavity slider\* to be minimum clear opening width of: | | | | | | | | | | | | | | | | | | | | | | mm (surface slider must be considered first) | | | | | | | | | | | | | | | | | | | | |
| **Additional Notes** i.e. handle height, type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Cavity Slider units are an expensive option and require additional justification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Handrails** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Handrails | | | | | | Handrail Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Galvanised | Timber | | | | Stainless steel | | | | Powder coated | | | Quantity | | | | | | | | Length of handrail(s)mm  actual length may exceed | | | | | | | | | | | | Height of handrail(s)mm | | | | |
| Front Door | | | | | |  |  | | | | n/a | | | | n/a | | | 1  2 | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Back Door | | | | | |  |  | | | | n/a | | | | n/a | | | 1  2 | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Toilet (wc) | | | | | | n/a | n/a | | | |  | | | |  | | | 1  2 | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Other | | | | | |  |  | | | |  | | | |  | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | **Easy Steps** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Easy Steps | | | | | | | | Front Door  Back Door  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Rise of Steps | | | | | | | | mm (a) | | | | | | | | | | | Height of Rise of Each Step | | | | | | | | | | | | | | mm (b) | | | | | | | | | |
| Width of Tread of Step | | | | | | | | mm (c) | | | | | | | | | | | Tread Depth | | | | | | | | | | | | | | mm (d) | | | | | | | | | |
| Height of Handrail Above Pitch of Steps | | | | | | | | | | | | | | | | | | | mm (e) | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:**  Where possible the handrail will extend 300mm past the bottom step.  **(a)**  **(b)**  **(c)**  **(d)))**  **(e)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Ramps** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Ramp | | | | | | | | Front Door  Back Door  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height of Platform Above Ground at Doorway | | | | | | | | | | | | | | | | mm (a) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate Size of Platform | | | | | | | | | | | | | | | | mm x       mm | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Width of Ramp | | | | | | | | | | | | | | | | mm (b) measured between kerb and handrails | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gradient (Slope of Ramp) | | | | | | | | | | | | | | | | 1:12  Other (complete additional notes specify gradient required) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Handrails Required | | | | | Yes  No | | | | | | | | | | | Height of Handrail Above Ramp Surface | | | | | | | | | | | | | | | | | | | | | | | mm (c) | | | |
| Midrail Required | | | | | Yes  No | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **NB – All ramps will have a kerb** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Low Rise Lifts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Lift | | | | | | | | | | Front Door  Back Door  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exit Orientation (when going up) | | | | | | | | | | Straight Exit  Right Exit  Left Exit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Controls | | | | | | | | | | Right Side  Left Side  Remote Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Total Rise (floor to floor) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Automatic Landing Barrier Arm is standard on all lifts where rise is over 500mm** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Automatic Landing Barrier Arm required where rise is 0-500mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual opening/self closing Landing Gate required \*\* Provide rationale in the Application Form  Note: this will replace the Landing Barrier Arm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Weight to be lifted (estimated)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client | | | kg | | | | | | | | | | | | | | | | | | | | | Equipment | | | | | | | | | | | | | kg | | | | | |
| Support person to use lift at the same time | | | | | | | | | | | | | | | | | | | | | | | | Support person weight | | | | | | | | | | | | kg | | | | | | |
| Total estimated weight to be lifted | | | | | | | | | | | | | | kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are Landing Call Buttons required at top and bottom  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required Platform Size** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| User space of 1000mm wide x 1200mm long PLF1214  User space of 1000mm wide x 1500mm long PLF1415  User space of 1100mm wide x 1400mm long M340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of mobility equipment the client is using or will be using in the long term:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Powerchair  Manual / Transit Wheelchair  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobility Equipment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make | |  | | | | | | | | | | | | | | | | | | | Length | | | | | | mm | | | | Width | | | mm | | | | | | | Height | mm |
| Model | |  | | | | | | | | | | | | | | | | | | | Turning Circle | | | | | | | | | | | | |  | | | | | | | Weight | kg |
| **Additional Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are able bodied people required to use this entry: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Have growth needs for future proofing been taken into account: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Is there a likelihood of moving into powered mobility within the next 2 years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| Special platform requirements over size:  State sizing required \*\* Provide rationale in the Application Form: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Power supply and/or RCD are accessible to the client  Yes  No  *\*\*(Consultant / lift supplier to advise if required)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Other Housing Modification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Enable_RGB | | | **ENAH104** | **TERMS AND CONDITIONS**  **moh.processing@enable.co.nz 0800 171 995** | | | | | |
| ***To be completed by the client prior to any housing modifications being started.*** | | | | | | | | | |
| **Client Name** |  | | | | | | | | |
| **YOU ARE MAKING THIS APPLICATION IN THE KNOWLEDGE THAT:** | | | | | | | | | |
| 1. You have a disability which is likely to continue for a minimum of 6 months AND you do not have any entitlement to payment through the Accident Insurance Act (ACC) 1998. 2. You are a New Zealand Resident or qualify under a reciprocal funding agreement. 3. The funds will be used to pay for the recommended essential disability related modifications. 4. If you do not own the home that is to be modified, you will seek written approval for the modifications from the registered property owner. 5. Where application totals (including the sum of previous applications) exceed $8076 (incl GST), you must be willing to undergo an Income and Asset test conducted by Work and Income New Zealand. This will determine the sum over and above $8076 (incl GST) to which you will be entitled to receive. 6. Where the Income and Asset test determines that you are required to contribute towards the cost of the modifications, this must be paid directly to the contractor, and will constitute a separate contract between you and the contractor. 7. Note: All repairs and maintenance are the property owner’s responsibility. 8. Further applications for Housing Modifications will not be considered unless extenuating circumstances exist. 9. If any of these Terms and Conditions are not met or kept by you, you may be required to repay part or all of the expenses incurred. 10. No reimbursement will be paid retrospectively for any work undertaken unless written budget approval has been obtained from Enable New Zealand. 11. For any modifications that include any of the following equipment: low rise lifts, hoists, modular ramps. When you no longer require the equipment or when it is no longer meeting your needs, it must be returned to Enable New Zealand so that it can be re-issued. Enable New Zealand or the Assessment Service should be advised when the equipment is no longer required and arrangements will be made for its removal. The full cost of removal and make good will be met by Enable New Zealand. In situations where you have made a contribution toward the cost of the equipment, you should be aware that the equipment belongs to the Ministry of Health. No reimbursement will be made for any contribution you have made. 12. You have read and understood the statement regarding the Privacy Act and consent to the information being used as described. 13. You have sighted the preliminary drawings/plans and agree with the proposed solution.   **Note:**  *Enable New Zealand will provide the Ministry of Health with information about the services you may receive. You have the right to access the information held about you and have the right to have any corrections made to this information. The Ministry of Health acknowledges that under the Health Information Privacy Code (1994) all information will be received in the strictest confidence.* | | | | | | | | | |
| **CLIENT SIGNATURE** | | | | | | | | | |
| ***I declare that the information in this housing modification application is true. I have read, understood and agree to the Terms and Conditions regarding the housing modifications grant including the use of this information.*** | | | | | | | | | |
| The signature of the guardian/agent is required when the person named as the client is under 16 years, or is unable to complete and /or sign this application | | | | | **Client Signature** |  | **Date** | **/  /** |  |
| **Name of the person signing** | |  | | | | |  | | |
| **Relationship to client** | |  | | | | |  | | |
|  | | | | | | | | | |

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|  | | | | | | | **ENAH104** | **PROPERTY OWNER APPROVAL**  **moh.processing@enable.co.nz 0800 171 995** | | | | | | | | | | |
| ***This section must be completed by the Registered Property Owner and/or their authorised agent for all housing modifications undertaken by Enable New Zealand for the Ministry of Health.*** | | | | | | | | | | | | | | | | | | |
| **Client Name** | | | |  | | | | | | | | | | | | | | |
| **As the legal owner of the property you must approve of any modifications prior to any work commencing.** | | | | | | | | | | | | | | | | | | |
| **Please take time to examine the** **concept sketch/plans** **of the proposed modifications and ensure these meet your approval. If you approve of the proposed modifications please complete this form and return it to the EMS Assessor.**  **Note:** *As the legal property owner you are aware that:*   * If you have any queries or issues regarding the work that is being proposed you should contact the EMS Assessor to discuss these. * Only essential disability related modification applications that meet the Ministry of Health criteria will be considered. * All costs associated with repairs and maintenance are the responsibility of the property owner, this can include upgrading work on water systems and issues relating to water pressure, rotten floor boards etc. * Redecoration of the entire area is not allowed for. Only minimal make good to the immediate area affected by the modifications is approved by Enable New Zealand.   *Please notify the EMS Assessor immediately (in writing) if you wish to:*   * Retain any demolition materials or fittings no longer required for the proposed modifications. * Vary or pay for upgrading the specifications of the proposed solution. | | | | | | | | | | | | | | | | | | |
| **PROPERTY OWNER DECLARATION** | | | | | | | | | | | | | | | | | | |
| I have examined the preliminary drawings/plans relating to the proposed housing modifications and give permission for these modifications to be undertaken to this property. | | | | | | | | | | | | | | | | | | |
| \*Lot | |  | | | DP |  | | | | | | or | |  | | | |  |
|  | | \*legal description | | | | | | | | | |  | | Valuation assessment number: | | | |  |
| ***\*legal description of property can be obtained from rate demand or valuation assessment.*** | | | | | | | | | | | | | | | | | | |
| Housing New Zealand Property | | | | | | | | | | | | | | | | | | |
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| Case Manager Signature | | | | | | | | |  | | Property Manager Signature | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | |  | |
|  | | | Property Owner Name | | | | | | | | | | | | | | | |
| As the legal owner of the property: | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | (Property Address) | | | | | | | | | | |
| Client Name: | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | (Tenant/Occupant’s Name) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| You should ensure that you keep a copy  of this signed form for your own record | | | | | | | |  | | | | | | | | | **SIGN HERE** | |  | |
|  | | | | | | | | Property Owner Signature | | | | | | | **Date** | /  / | | |  | |
| **This document may also be used by Enable New Zealand or their authorised agent to obtain the required Building Consent for the proposed Housing Modification for the Territorial Authority (BCA)** | | | | | | | | | | | | | | | | | | |