



paraloan

NZ PARAPLEGIC & PHYSICALLY DISABLED FOUNDATION

APPLICATION FOR HOUSING LOAN

PLEASE READ THESE NOTES BEFORE FILLING IN THE FORM

1. You are advised not to enter into binding obligations until the loan has been approved.
 2. Statement and declaration on reverse must be completed in respect of joint circumstances even though the loan may be sought in the sole name of one or the other.
 3. All appropriate questions should be answered as delays may occur if all of the applicant's relevant information is not supplied.
- N.B. All legal costs associated with the preparation of mortgages for this loan (if approved) will be deducted from the total advanced. Legal costs can be added on to the loan if desired.

1.	Full name(s):	Tel.
	(Applicants' surname followed by first names)	(Business) (Private)
	and	Email:
	(Partner's or other person's name)	
	The loan is to be in our joint names/in the sole name:	
	Address for correspondence:	

2.	Amount of loan applied for	for in respect of a property at:
	(No.) (Street)	(Locality)

3.	Term of Repayment requested: years.	Monthly repayments:
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4.	Purpose of loan:- .	
	(a) To build a house/To make additions & alterations (Attach plans, specifications and quote or copy of builder's contract).	
	Name of builder:-	Contract price \$..... Cost of Section \$.....
	(b) To buy a house - previously occupied/not previously occupied. Option expires on:-	
	Name of vendor.....	
	Cost of property..... (includes chattels \$.....)	
	House if vacant/occupied by.....	
	(c) Matrimonial Settlement - Amount to be paid out \$.....	To:.....

5.	(a) The tenure of the land is freehold/leasehold.	
	(b) Legal description:	Survey District:-
	(c) Title reference	Area (d) Section frontage..... Depth
	(e) If leasehold state - (i) Name of lessor	
	(ii) Annual rent \$..... (iii) Term of lease years from.....	

6.	Government Valuation of Property (Please supply copy of Government Valuation)	Date of Valuation
	Land Value \$.....	Improvements \$..... Capital Value \$.....

7.	Proposition to be financed as follows: (including any legal costs involved)	
	(a) Own contribution including any deposit already paid and source of deposit (eg ACC etc)	\$.....
	Source of Deposit: -	
	(b) First Mortgage Lender *	\$.....
	Term years % p.a. Repayments (per week/month)	
	(c) Other Source (specify)	\$.....
	Term..... years @ % p.a. Repayments (per week/month)	
	(d) Amount required from Foundation	\$.....
	(includes \$100 Administration & Documentation Fee)	TOTAL \$.....

* Where application is for a loan on second mortgage I/we hereby authorise the Foundation to obtain any necessary information regarding the loan from the prior mortgagee(s).

8.	Solicitor to be instructed is:	
	(Name)	(Firm)
	Address	Phone.

9.	State whether you have applied for Mortgage Repayment Insurance:	
	NO/ YES - with the following insurance company:	

STATEMENT OF PERSONAL CIRCUMSTANCES OF APPLICANTS

10. Nature of Disability:.....
(To be supported by Doctor's Certificate)
11. Cause of Disability (i.e. motor accident, sickness, etc.):.....
12. Date from which Disability suffered:
13. Name and Address of Doctor:.....
14. (a) Have you received, or do you expect to receive, any compensation for the injury, if caused by accident?
- (b) If yes, please state amount: \$
15. If you are a member of any organisation(s) for the disabled, give name(s):
16. (a) State names of any other organisations or Government agency to whom application for assistance has been made in the last 5 years, including any current application:
- (b) If yes to above, give details of assistance granted (date and amount):
17. Marital status: Date(s) of Birth /..... /.....
(Applicant's) (Partner's)
18. Children and/or dependents who will be living with you:
- | (Name) | (Age) | (Relationship) | (Extent of dependency) |
|--------|-------|----------------|------------------------|
| | | | |
| | | | |
| | | | |
19. Employer: Period of present employment:
20. Income:
- | | Weekly earnings at time of application | Total received during past twelve months |
|---|--|--|
| Gross Income from work, Applicant | \$..... | \$..... |
| Gross Income from work, Partner | \$..... | \$..... |
| Accident compensation | \$..... | \$..... |
| Disability Allowances | \$..... | \$..... |
| Supported Living Payment (SLP) | \$..... | \$..... |
| Accommodation Supplement | \$..... | \$..... |
| Other income (e.g. Boarders, Interest/Investments)..... | \$..... | \$..... |
| TOTALS | \$..... | \$..... |
21. ASSETS (including partner's) LIABILITIES (including partner's)
- | | |
|--|--|
| Deposit to be paid on property \$..... | Owing on section or property \$..... |
| Cash (in Bank etc) \$..... | H.P. on car at \$..... per week \$..... |
| Investments (attach details) \$..... | H.P. on furniture at \$..... per week \$..... |
| Section or Property (Address) \$..... | Other liabilities (give details) e.g. credit cards \$..... |
| Furniture (value) \$..... | Rate's p.a... \$..... |
| Motor vehicles (Model) \$..... | Houseowner's Insurance p.a. \$..... |
| Kiwisaver / Superannuation \$..... | Car "..... \$..... |
| Other assets (give details)..... \$..... | Contents "..... \$..... |
| \$..... | Other eg Loan..... \$..... |
22. Do you, or your partner have a credit card? NO / YES. If yes, please provide your credit card(s) name and credit limit(s)
.....
23. Have you, or has your partner, an interest in any other property? NO / YES Details are
24. Are the applicants New Zealand citizens or have permanent New Zealand residency ☐ Yes or ☐ No (circle one).

I hereby certify that all the information stated in this application is to the best of my knowledge true and correct.

Date:..... Signature