



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. Application, certificate on reverse and acceptance on page 3 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.
 4. Please note that your application is to be supported by a Doctor's Certificate.
- 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:

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 * (including fees)..... \$.....
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.....

Applicant(s)

I/We declare that I am over the age of 18 years and I/We warrant that the particulars and information set out herein are true and correct. I/We further acknowledge that the information provided will be relied upon by the lender to make lending decisions and I/We further acknowledge that the lender may or may not choose to independently verify or check with third parties to ascertain and verify all the information provided is true and correct.

I/We declare that I/We am/are not formerly or currently adjudicated bankrupt, applied or entered into a No Asset Procedure, Debt Repayment Order or liable under any proceedings under the Insolvency Act 2006 and its amendments nor I/We have been convicted of any criminal offence and involving any dishonesty.

Privacy Act 2020- I/We irrevocably authorise New Zealand Paralegic and Physically Disabled Foundation trading as Paraloan to furnish and collect all personal information to third parties and make all necessary enquiries concerning my/our financial matters from any other parties and any source, including but not limited to all government/crown entities, other financial Institutions, credit rating agency, lawyers, accountants, employers and others. I/We authorise any party or entity approached by Paraloan to provide such information to Paraloan in due course.

I/We hereby acknowledge the necessity for Paraloan to use this information for the purpose of 1) accurately assessing my current and future loan application requirements whether granted or not 2) and from time to time may request information as part of its administration and enforcement of the loan and other loan obligations under the signed loan agreement.

3) Assist with any other investigation, AML/CFT suspicious transaction reporting/monitoring to any government agency or lodging default with any such credit reporting source deemed necessary. Those sources may share this default information and your other information(s) lodged/reported with any other parties.

We will provide your personal information to Centrix Group Limited when we use their consumer credit reporting services (for example for credit checking).

Details of how Centrix handles your personal information can be found here:

<https://www.centrix.co.nz/privacy-statement>

Centrix will collect your credit information for the purpose of providing credit reporting services to us and other subscribers to Centrix consumer credit reporting services, and Centrix will use and disclosure your credit information in accordance with the Centrix Privacy Statement. You have rights of access to, and correction of your credit information and any other personal information held by Centrix as set out in Centrix Privacy Statement.

You acknowledge that you have the right to access and, if necessary to request the correction of, personal information that we hold.

ACCEPTANCE

The applicant(s) agree to the terms set out above

Surname_____	First Name_____	Middle Name(s)_____
Applicant Signature_____	Date_____	

Surname_____	First Name_____	Middle Name(s)_____
Applicant Signature_____	Date_____	