

## **Transition to Alternative Housing Grant**Confirmation of application and acceptance of terms

This Confirmation of Application sets out the conditions of Transition to Alternative Housing Grant. It's important that you understand these before signing.

Please complete one form for each tenant named on the tenancy agreement.				
Tell us your details  ② INFORMATION FOR Q1: Write your client number here if you know it. This number can be found on your community services card if you have one.	Client number  What is your full name?  Mr Mrs Ms Miss Other  First and middle names  Surname or family name			
Tell us how we can contact you  The montact you  The mont	Where do you currently live?  Flat/House number Street Name  Suburb  Town/City			
Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.	Is your mailing address different from where you live?  No Yes Tell us your mailing address			
Please only give us contact details you would like us to use.	How else can we contact you?  Tick the best way for us to first contact you  Home phone ( )  Mobile phone ( )			
	Other mobile phone ( ) Fax ( )			

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## Declaration

I understand that I have been granted a Transition to Alternative Housing Grant on the following conditions:				
I am the tenant on the tenancy agreement for				
Address of social housing property				
I am voluntarily ending my social housing tenancy and moving into other hou	using wit	hin New	Zealand.	
I have not previously received a Transition to Alternative Housing Grant.				
I understand that payment will only be made if:				
I have moved out of the social housing property at the above address and into alternative suitable and sustainable housing within six months of the date this form is signed, and				
<ul> <li>all occupants have moved out of the social housing property.</li> </ul>				
I understand that the Transition to Alternative Housing Grant will be paid in equal shares to the tenants currently named on the tenancy agreement for the social housing property we are moving out of.				
Client's name (print)  Client's signature	Date			
	Day	Month	Year	

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