



SNUG HOMES COUNTIES MANUKAU APPLICATION FORM

1. Contact details

Title (Mr/ Mrs/ Miss) First name..... Last name.....
Date of Birth Street Address.....
Suburb..... City..... Post Code.....
Phone Home.....Work.....Mobile..... Email.....

Housing details

2. Do you: (please tick) Own your home Rent privately

Your landlord's name.....Landlord's phone.....

Landlord's mobile.....Landlord's email.....

3. When was your home built? Year Built (Approx) Prior to 1st January 2000 Don't know

Other details

4. How many children live in your home?

Under 2 years of ageBetween 2 & 14.....Babies due.....Babies born premature (<37 weeks)

5. Have any of the children aged 14 and under living in your home had any of the following conditions in the past?

Asthma Ear Infections Bronchitis
 Pneumonia Bronchiolitis/Bronchiectasis Other (please specify).....

6. How many people aged 65+ years live in your household?

7. Has anyone living in your household aged 65+ years had any of the following conditions in the past year?

Asthma Heart Conditions Pneumonia
 Chronic Lung Disease (Including Emphysema, Bronchitis) Other (please specify).....

8. A. Has anyone in your household been in hospital in the past year? Yes No

B. What was the hospitalisation for?

9. Does anyone in your household have a disability or ongoing health issue?

Yes (please specify)..... No

10. What ethnic group do you identify with?

Maori (Iwi) Pacific (please specify).....
 NZ/European Asian Other (please specify).....

11. How did you find out about this programme?

Health Professional e.g. Doctor, Plunket, Hospital Application received in the mail
 Community Services Other source (please specify).....

12. Do you have a Community Services Card? Yes No Expiry Date: /.....

Your Community Services Card details will be sighted and verified by the Insulation Provider at the first appointment

I understand an adult needs to be home for: ▶ A visit from the nurse ▶ 2 or 3 visits to check and fit insulation

I confirm that I am the: (please tick) Home Owner Tenant

Signature..... Date.....

To support your application we recommend that you obtain a letter of support from your family doctor or health professional stating why your health and that of your family would be improved by having your home insulated.

Please return this application to The SNUG HOMES Co-ordinator (Please turn over for postal details)

Information will be shared with the project partners for the purpose of service provision and evaluation. This application does not guarantee you will receive free insulation for your home. A representative from Eco Insulation Ltd. will contact you once your application has been received.

Stick 50c
stamp
here

Please return this application to:



**SNUG HOMES COUNTIES MANUKAU
PO BOX 305-470**

**TRITON PLAZA
NORTH HARBOUR
AUCKLAND, 0757**

Seal here and post

Phone (09) 477 0270

Fax (09) 478 7771

Email: snughomes@ecoinsulation.co.nz
