

Homeowner / Landlord Declaration Form



This form is used by the Energy Efficiency and Conservation Authority (EECA) to collect information about Warm Up New Zealand: Healthy Homes, and to determine whether the house you own is eligible for the Warm Up New Zealand: Healthy Homes programme (programme).

If you have trouble completing the form, you can contact the Service Provider to help you. If you have any questions about the programme, you can contact EECA on **0800 358 676**.

THE HOMEOWNER MUST COMPLETE AND SIGN THIS SECTION.

If this section is not complete, you will not be able to have your house insulated through the programme.

Please use a \surd to indicate if you are answering YES or N/A.

Name of homeowner:

DETAILS OF PROPERTY

1. Address:

(address of house that you are seeking to have insulated under the programme)

2. Contact phone number:

3. Do you reside in the property to be insulated

YES N/A **(If answer is Yes, please go to question 8)**

4. Landlord Address:

Address of your current residence

(NOT the property that you are seeking to have insulated under the programme)

5. Name of main contact person for communication regarding property queries: **(homeowner or Property Agency contact)**

Name of Property Agency managing the property: **(if applicable)**

6. Name of Property Agency contact person:

7. Property Agency contact phone number:

8. I confirm that I commit to paying a share of the install cost as agreed with the Service Provider

YES N/A **(If the property to be retrofitted is a Rental please go to Question 13)**

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9a. I am the holder of a valid and current Community Services Card (CSC), or SuperGold Card with CSC endorsement, issued by the Ministry of Social Development (Work and Income/SuperGold Card Centre).

YES N/A

OR

9b. I have a demonstrable income-related need¹ and one or more of the occupants of the house has a referral from a registered medical practitioner² (e.g. GP, hospital specialist), or a registered nurse³ (e.g. GP practice, hospital, community) stating that the occupant suffers from a respiratory illness.

YES N/A

OR

9c. One or more occupants of the house has a referral by a Ministry of Health-recognised Healthy Housing Initiative provider

YES N/A

10. Total number of occupants? (please give number)

11. How many people live in the house aged 0-5 (please give number) AND

How many people live in the house aged 6-12 (please give number) AND

How many people live in the house aged 13-17 (please give number) AND

How many people live in the house aged 65+ (please give number)

12. Does anyone at the house usually sleep in a place that is not a bedroom (e.g. lounge, patio etc)

YES N/A

13. I confirm that the house was built and has been used as a residential property since before 1 January 2000.

YES N/A

14. I approve the Service Provider retrofitting insulation in the house.

YES N/A

15. I approve the Service Provider communicating directly with the tenant of the property in relation to the retrofit insulation

YES N/A

16. I have read and understand the privacy statement on this form.

YES N/A

Homeowner's signature

Date

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¹ EECA will accept as evidence of an income-related need a Community Services Card rejection letter from the Ministry of Social Development, where the applicant is no more than \$20,000 above the threshold for CSC.

² registered with the Medical Council of New Zealand

³ registered with the Nursing Council of New Zealand

SERVICE PROVIDER TO COMPLETE

A. I have sighted the CSC, or SuperGold Card with CSC endorsement issued to the homeowner named above and established that the CSC, or CSC endorsement, is valid and current

YES N/A (If answer is Yes, please go to question D)

OR

B1. The homeowner named above has provided the following evidence of a demonstrable income-related need:²

YES N/A

AND

B2. The homeowner named above, or an occupant of the house, has been referred for a health-related need^{2 3} by:

YES N/A (If answer is Yes, please go to question D)

OR

C. The homeowner named above, or an occupant of the house has a referral from the following Ministry of Health-recognised Healthy Housing Initiative provider

YES N/A

D. We warrant that any amendments required to this form subsequent to the homeowner signing it, have been discussed and agreed with the homeowner

YES N/A

Name of Service Provider:

Signature

Date

 / /

Service Provider Representative:

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² registered with the Medical Council of New Zealand

³ registered with the Nursing Council of New Zealand

PRIVACY STATEMENT Collection, use and disclosure of personal information:

The Service Provider is contracted by EECA (44 The Terrace, Wellington) to implement the programme.

The Service Provider and EECA is collecting and holding personal information about you:

- to determine whether the house you own is eligible for the programme;
- to enable the Service Provider to have access to the property to retrofit the insulation;
- to assess the effectiveness of the programme
- for administrative and compliance purposes related to the programme.

EECA may disclose your personal information:

- in a form in which you will be not identified; and
- for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned.

Under the Privacy Act 1993, you have the right of access to, and the right to request a correction of, your personal information held by the Service Provider and EECA.