

## GRANT APPLICATION FORM

Tauranga Moana Hearing Trust is a charitable Trust devoted to helping the Deaf and Hard of Hearing community within the Tauranga City Council Boundary. Please complete this application form in full and email it, together with all the requested supporting documentation, to: [info@tmht.co.nz](mailto:info@tmht.co.nz).

Alternatively, post to: **Tauranga Moana Hearing Trust**  
**P O Box 8354, Cherrywood**  
**Tauranga 3145**

Prior to beginning the application process, please note we are only able to provide assistance to those residing in Tauranga City. Please also ensure you have the following documents: 2 quotes from audiologists, recent bank statement for all accounts covering a minimum of 30 days, and a letter from WINZ or MSD detailing either the amount of loan assistance they are prepared to approve or stating their inability to assist.

## APPLICATION FOR FUNDING

Date: First Name(s): Last Name(s): Date Of Birth:

Street Address: Postcode: Email Address:

Phone Number: Community Services Card?: Are you receiving a War Pension?  
No Yes, Number: No Yes

Do you have medical insurance?: Agents Name:\* Agents Email:\* Agents Phone:\*

Have you approached other institutions for assistance?: Amount requested: \*if applicable  
No Yes

Financial aid required for?:

THIS TRUST REQUIRES THE FOLLOWING DOCUMENTATION TO ACCOMPANY YOUR APPLICATION: Supplied?:

- 1 At least 1 letter detailing the equipment/help proposed and quoting the cost of the equipment, 2 letters of quote from different suppliers should be obtained, each detailing this information.

**NOTE ALSO:** Where hearing aid funding is being sought, these letters must be provided by Audiologists who are full members of the NZ Audiological Society.

- 2 Proof of your financial status, AND that of your Partner (if any) i.e. Copies of bank statements (NOT Bank printouts) for all Bank accounts, and covering at least one month's transactions accounts. Also details of any investments, share holdings etc.

- 3 A letter (which will normally be addressed to the Applicant) from Work & Income, detailing either the amount of loan assistance that Work & Income are prepared to approve, or stating their inability to assist. If Work & Income cannot assist, an explanation for such decision would be helpful.

**NOTE:** It may be in applicant's interest that any loan assistance available from Work & Income not be drawn down prior to this application being considered by Tauranga Moana Hearing Trust.

 The Statement of Position on second page of this form must be completed.

## STATEMENT OF POSITION

### ASSETS:

Please give details of any cash assets, i.e. all money in bank or savings organisations, money lent to other people or organisations, money in bonus bonds, shares, debentures or government stock.

Type of Asset:	You:	Your Partners:	Joint:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### NON-CASH ASSETS:

Please give details if you own your own home, vehicles, holiday home, leisure boats, caravan, land or buildings.

Type of Non-Cash Asset:	You:	Your Partners:	Joint:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### INCOME:

Please give details of income over the last 12 months, i.e. salary/wages, government or private superannuation, government funding or support, ACC Compensation or funding, business income, income from rent, child support, maintenance received.

Type of Non-Cash Asset:	You:	Your Partners:	Joint:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**HAVE YOU ATTACHED ALL THE DOCUMENTATION REQUESTED ON PAGE 1 OF THIS APPLICATION?**

### DECLARATION:

The information I have given is a true and correct record.

Applicants signature:

Date:

Partners signature:

Date:

Agents signature:  
(if being represented and/or supported)

Date:

Information provided in this application may be used for statistical purposes, i.e. what type of help is being applied for. Applicant's rights under the Privacy Act will be protected at all times.

email completed application to [info@tmht.co.nz](mailto:info@tmht.co.nz)