



Kaumātua Grants Application Form

Closing Dates: 20th of each month

The **Kaumātua Health and Wellbeing Grant** is provided to our kaumātua (60 years and over). This grant is to support the purchase of items that help to maintain and or improve kaumātua health and wellbeing.


PERSONAL DETAILS

Name:			
Postal Address:			
Phone Number:		Email:	
Date Of Birth:	Male	Female	Gender Neutral

ELIGIBILITY This section must be completed by an Āti hau Whanganui Incorporation Shareholder

Shareholder Name:		Shareholder #:		
Are you a: <small>(circle one)</small>	Shareholder	Trustee	Administrator	Executor
Applicants Relationship to Shareholder: <small>(circle one)</small>		Descendant	Beneficiary	Other
Name of Trust/Estate:				
Shareholder's Signature:			Date:	
Name of Witness:			Signature:	
Address:			Date:	

ASSISTANCE REQUIRED

Description : <small>(circle applicable)</small>					Dental	Hearing	Medical	Vision	Other:
Name of Supplier/Provider/Shop:									
Total Quoted/Paid:					Total applied for:				
Have you received a Health and Wellbeing grant this year? <small>(circle one)</small>								Yes	No
 <i>Please attach copies of quotes and or invoices to this form.</i>									

BANK ACCOUNT DETAILS

Name of Bank:						Branch:																			
Name of Account:																									
Bank Account Number:								—						—						—					
Note: Please provide a verified copy of the bank account, see page 2 for more information.																									

Office use: Date recieved

Approved/Declined

Signature:

Date:

IMPORTANT INFORMATION

- ☐ **Closing dates** Grant applications are assessed monthly. Closing dates are the 20th of each month. Late or incomplete applications will NOT be accepted. Late applications that are complete will be considered in the next round and incomplete applications will be returned to the applicant to complete.
- ☐ **Grant amounts** You may apply more than once in a calendar year, however, the level of support may be determined by prior applications.
- ☐ **Payments** Approved applications can take up to 2 months before payment is made.
- ☐ **Withdraws** If you no longer require the grant prior to or after receiving the funding, you must notify Te Āti Hau Trust. If this does not occur, you may not be eligible for future grants.
- ☐ **Personal Details** This section provides key information about the applicant. The information is used to identify the applicant and to ensure we have the most up to date details.
- ☐ **Health & Wellbeing information**
All applicants need to complete this section so that the Trust knows what type of support it is providing *For example*
- ☐ **Notification** You will be notified of the outcome as soon as practicable after the meeting.
- ☐ **Bank Details** Please provide a verified copy of your bank account. Here are some examples of what we accept:

ASSISTANCE REQUIRED	
Description : (circle applicable)	Dental Hearing Medical <u>Vision</u> Other:
Name of Supplier:	Triton Hearing Whanganui
Total Quoted/Paid: \$ 2500	Total applied for: \$1000



- ☐ **Eligibility**
 - This section will determine if the applicant is eligible to receive a grant.
 - The applicant will need to get the person from whom they descend who is an Āti Hau-Whanganui Incorporation shareholder to verify their relationship.
 - If you are a beneficiary of a Trust or Estate that holds shares in Āti Hau-Whanganui Incorporation you will need to get one of the Trustees or Administrators to verify your status and eligibility.
- ☐ **Declaration** The applicant must complete this section to confirm that all the information provided is true and correct and that the applicant understands all the terms and conditions of the grant.

Applications are assessed with the information provided by the applicant, if not all of the information is provided then the application cannot be assessed.

APPLICANT DECLARATION

- ☐ I declare that the information given in this application is true and correct. If my application is successful I will comply with all the terms and conditions of the grant, which includes my name being published in the Annual Report and being used for publicity and or promotional purposes.
- ☐ I give consent to Te Āti Hau Trust retaining the information contained in my application for any employment or other opportunities which may arise in the future.
- ☐ Pursuant to the Privacy Act 1993, I give consent for my application to be shared with Āti Hau-Whanganui Incorporation for the purposes of updating contact information.

Applicant's Full Name:

Signature of Applicant:

Date:

CHECKLIST

- ☐ Application completed in full and declaration signed
- ☐ Eligibility – A Shareholder/Trustee/Administrator/Executor has verified your eligibility.
- ☐ Quotes/ Receipts attached showing expenses or payment.
- ☐ Bank Account – Attach a verified copy of your bank account.