

Energy Efficiency Upgrade Application Guideline Information



What is Healthy Homes?

A service provided by Better Homes to insulate houses, and provide a range of other energy efficient options to improve the overall health of your home.

Who can receive this service?

Anyone! An independent assessment panel will examine the information you have supplied on this form, as some households may be eligible for a 100% subsidy. To qualify for the 100% subsidy you must meet certain income and/or health needs. We will work with you to look at what subsidies are available to you and your home.

What does it cost?

If you receive a full subsidy there will be no charge for our service. If you are required to contribute, the final cost will depend on the actual services, and the size of your home, and your level of income.

As a guide, an average cost for a full retro fit on an average (100m²) 3-bedroom home is about \$2000 - \$2500. However, most private homes qualify for a subsidy from the government, via the Energy Efficiency and Conservation Authority, which brings the cost for most homes to between \$1500 and \$1875. Information contained in this form may further help reduce costs depending on the needs of your household. Our Environmental Assessor will explain this to you when they visit your home to scope the job.

You will also receive a no obligation quote to look at, and we are happy to discuss the costs and the job with you at any point.

What is done to my house?

The exact nature of the work depends on many things. The Environmental Assessor will discuss the options with you. A team of fully trained retrofitters will install a range of energy efficiency products that may include insulation above the ceiling, under the floor, around windows and doors and around your hot water tank and pipes. The team may also fit energy efficient light bulbs, low water volume shower hose and a smoke alarm.

What if I am not successful with my application?

If your application does not qualify for a 100% subsidy, and your ability to pay is limited, you can re-apply at a later date, or if you receive a benefit from WINZ, you can make an application for them to support the funding of this works.

The cost of installation will depend on the size of your home and what measures you decide to install, so please talk to us.

Please call us. Apply today.

Energy Efficiency Upgrade Application Form

Application Guideline

- Please complete the form in clear BLOCK CAPITALS and tick the appropriate boxes.
- If any questions do not apply to you mark them N/A.
- Not answering a question does not disqualify you from this programme.
- If you require assistance to complete this form, phone 0508 BETTER HOMES.
- All personal details on this form remain confidential.

1. Name of Householder: _____

2. Address of property: _____

3. Postal address (if different): _____

4. Contact Phone Number: _____

5. Do you own or rent your home? Own: Rent (private):
 Rent (other i.e. Marae) Rent (Council) Rent (HNZC)

6. If you rent, who is the landlord:

Name: _____

Address: _____

_____ Phone number: _____

Please confirm:

- a) My landlord has given me permission to apply. YES / NO
 b) I give Better Homes permission to contact my landlord. YES / NO

6b What year was your house built? _____

For Office Use Only:			
Score _____	Financial Costings _____	Subsidy Level _____ %	
Referral Agency _____		Funding Organisations _____	
Follow-Up			
<input type="checkbox"/> Retro fit (complete)	<input type="checkbox"/> Slips, Trips, Falls	Follow-Up	Initial Please
<input type="checkbox"/> Energy Education	<input type="checkbox"/> Kid safe	<input type="checkbox"/> 6 months	
<input type="checkbox"/> GP Referral	<input type="checkbox"/> PHN	<input type="checkbox"/> 12 months	
Comments:			

7. Is anyone in your household eligible for a Community Services Card? YES / NO
 8. Do you, or another person living in your home, have a High Use Health Card? YES / NO
 9. Does your household receive the Accommodation Supplement? YES / NO
 10. Does your household receive Family Assistance Allowance? YES / NO
 11. Does anyone in your household receive any other benefits? YES / NO

Please specify:

- Invalid Superannuation
 Sickness Unemployment
 Domestic Purpose Benefit Other

12. Household Members: Please fill in the age and other details for each person living in your home. You may include family members who regularly stay with you.

Age	Gender (M/F)	Ethnicity

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**Ethnicity – NZ Maori, NZ Pakeha/European, Pacific Peoples, Other (please state)*

Total number of people regularly living in your home: _____

13. Do you have a regular doctor for yourself and/or your household? YES / NO

14. Tick if any of the terms below describe your home. Drafty
 Damp
 Cold

15. Tick the box below if you or anyone living in your home has suffered from any of the following problems in the last 12 months. Indicate the number (no.) of persons in your household experiencing the problem.

Affected by	No. of people affected	Affected by	No. of people affected
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Influenza (Flu)	_____
<input type="checkbox"/> Bronchitis	_____	<input type="checkbox"/> Allergies	_____
<input type="checkbox"/> Coughs and Colds	_____	<input type="checkbox"/> Eczema	_____
<input type="checkbox"/> Pneumonia	_____	<input type="checkbox"/> Rheumatism	_____
<input type="checkbox"/> Emphysema	_____	<input type="checkbox"/> Physical impairment	_____
<input type="checkbox"/> Tonsillitis	_____	<input type="checkbox"/> Circulation problems	_____
<input type="checkbox"/> Ear Infections	_____	<input type="checkbox"/> Mental Illness	_____

16. Please tell us about the above conditions or any other medical conditions that you think are important.

17. As a result of the above conditions has any one in your household experienced the following in the last 12 months?

Affected by	No. of people affected	Affected by	No. of people affected
<input type="checkbox"/> Days off work	_____	<input type="checkbox"/> Hospitalisation	_____
<input type="checkbox"/> Days off school	_____	<input type="checkbox"/> Accident ACC claim	_____
<input type="checkbox"/> GP visits	_____	<input type="checkbox"/> Accident no ACC claim	_____

18. Mark as many spaces as you need to show which of the following are ever used to heat your home.

<input type="checkbox"/> Don't ever use any form of heating	<input type="checkbox"/> Bottled gas (unflued)
<input type="checkbox"/> Electricity	<input type="checkbox"/> Coal
<input type="checkbox"/> Wood	<input type="checkbox"/> Solar heating equipment
<input type="checkbox"/> Mains gas (fromstreet)	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Bottled gas (flued)	

19. Who is your energy provider?

<input type="checkbox"/> Genesis	<input type="checkbox"/> Contact
<input type="checkbox"/> None	<input type="checkbox"/> Meridian
	<input type="checkbox"/> Other

20. What is your average monthly energy and heating bill (s) during the winter months (July and August)?
Include all sources gas, electricity and / or wood.

<input type="checkbox"/> \$0 - 49	<input type="checkbox"/> \$150 - 199
<input type="checkbox"/> \$50 - \$99	<input type="checkbox"/> \$200 and over
<input type="checkbox"/> \$100 - \$149	<input type="checkbox"/> Don't know

21. Has your household received a fuel allowance from the Ministry of Social Development in the past 2 years?

<input type="checkbox"/> Yes	<input type="checkbox"/> Amount - \$.....
<input type="checkbox"/> No -no application made	<input type="checkbox"/> No - application was unsuccessful

22. Tick if you know your home has any of the following:

<input type="checkbox"/> Ceiling insulation	<input type="checkbox"/> Hot water cylinder wrap
<input type="checkbox"/> Under floor insulation	<input type="checkbox"/> Door and window draft stoppers
<input type="checkbox"/> Smoke alarms	<input type="checkbox"/> Grab rails
<input type="checkbox"/> Door / safety latches	<input type="checkbox"/> Slip mats

23. Would you be willing for us to contact you to monitor (evaluate) the changes in your home? YES / NO

24. Are you willing to assist us in the promotion of the Healthy Homes Taranaki Project? YES / NO

Please read and sign this form and return to us with your application. Thank you.

Terms and Conditions

1. In these terms and conditions, unless the context otherwise requires:
“WISE”/Better Homes means Waitara Initiatives Supporting Employment (WISE), a trust having its principal office at 97 Mould Street, Waitara, and its employees, agents and contractors. “Works” means the installation and construction of home energy efficiency measures to the property detailed below that a representative of WISE/Better Homes has assessed the necessary requirements of this property to be carried out on the Land.
2. The Owner and where the Owner leases the land, the Tenant consent to WISE/Better Homes entering upon the Land with all necessary tools, vehicles and equipment and to remain there for a reasonable time for the purpose of assessing, carrying out, inspecting, altering and repairing the Works, and to leave any vehicles, tools and equipment on the Land for a reasonable time if work is proceeding.
3. The Owner and the Tenant permit the Energy Efficiency and Conservation Authority (“EECA”) and its agents, employees and contractors to enter the Land for the purpose of inspecting the Works.
4. The Owner and the Tenant covenant and agree with WISE/Better Homes that they are not entitled to any compensation from WISE/Better Homes (or its employees, agents and contractors) in respect of the Works effected pursuant to this agreement.
5. Information supplied by the Owner and the Tenant to WISE/Better Homes for the purposes of this agreement will be held by WISE and may be disclosed to EECA and other funders. Individuals are entitled to have access to information about that individual held by WISE/Better Homes in connection with this agreement and to request correction of that information.
6. Subject to clause 8, Works will be carried out at no cost to the Owner if, at the date of this Agreement, the Owner holds a current community services card and the Land is not tenanted for residential purposes.
7. Subject to clause 8, if the Land is tenanted for residential purposes as the date of this agreement, then the Owner covenants with WISE/Better Homes that:
 - (a) the rent on participating properties is not to be increased within six months of the completion of the works except where the landlord can provide evidence that the rent increase is justified by market forces and is wholly unrelated to the installation of the works;
 - (b) that, in the event the property is sold within a two year period of completion of the works, the landlord must repay the full subsidy that has been applied to that particular property as part of this project except where the landlord can provide evidence that the rent increase or price for which the property is sold, as applicable, is justified by market forces and is wholly unrelated to the installation of the works.
8. If (a) the Owner breaches any of the Owner's obligations under this agreement; or
(b) any information given to WISE/Better Homes by the Owner in the Owner's application to participate in the Better Homes Project is false, then the Owner shall pay the actual sum received from funder's that enabled WISE/Better Homes to carry out the Works, and the cost of remediating any damage to the Works caused by the Owner, with payment to be made by the Owner to WISE/Better Homes by the 20th day of the month following the month in which an invoice for the cost of the Works is delivered to the Owner.

- 9. If the Owner has knowledge of anything on the Land that is or could be a cause or source of injury to WISE/Better Home's employees, agents or contractors then the Owner shall inform WISE/Better Homes prior to the commencement of the Works.
- 10. The date for commencement of the Works shall be entirely at the discretion of WISE/Better Homes .
- 11. WISE/Better Homes at its sole discretion will determine whether or not the Owner is eligible to participate in the Better Homes Project. Even if the Owner meets the eligibility criteria, WISE/Better Homes can decline the application.
- 12. The Owner and the Tenant shall cooperate with WISE/Better Homes and provide all reasonable assistance to WISE/Better Homes to enable them to carry out the Works (for example, prior to commencement of the Works, clearing out attics and underfloor areas where the Works are to be carried out).
- 13. If the Owner sells the Land before WISE/Better Homes has completed the Works the Owner will advise the new Owner of the terms and conditions of this agreement and promptly advise WISE/Better Homes of the sale. Sale of the Land shall not release the Owner and the Tenant from their obligations under this agreement.
- 14. The owner agrees to allow WISE/Better Homes , for promotion purposes, to publish any information, pictures or details pertaining to the owner's participation in the Better Homes Project.
- 15. If access to the area to be worked in is not clear of all rubbish and/or other items before installation date the owner of the house will be charged a minimum of \$150.00 for removal and disposal of said rubbish.

Name of Owner/s: _____

Address of property to be retrofitted: _____

Address of Owner/s (if different from above): _____

Contact phone no's.: _____

Date: _____

Signature of Owner/s: _____

Personal information collected on this form will be used for the purpose of evaluating your application to have your house insulated. All information requested on this form is voluntary, and not completing any part of the form does not jeopardise your application.

Information that may identify you or any member of your household will not be used for any purpose other than to deliver this service to you the applicant. Statistical information, such as number of houses insulated, age and number of occupants in homes, will be supplied to partner and funding agencies and may be used for media and marketing purposes.

The Healthy Homes Taranaki project may seek assistance from successful applicants to aid in the promotion of the service. Selected addresses will be provided to auditors, such that the Healthy Homes Taranaki project can ensure services are delivered as stated.

If you have a complaint about any part of the project please put them in writing and send to Healthy Homes Taranaki, c/o Pinnacle Taranaki PHO, PO Box 1012, New Plymouth 4340.

Declaration:

The information provided in this application is true and correct. I give Better Homes permission to verify this application, and obtain any further information required, from me or any applicable third parties.

I understand that information contained in this application may be used for statistical and marketing purposes, but will not be used in a manner that identifies any member of my household without my express permission.

I give Better Homes permission to provide a certificate of works undertaken to my territorial local authority, and for this information to be recorded on the property file.

I give my permission to be contacted in the future for evaluations into the project.

Signature of householder: _____ Date: _____

Please send your application form to:

Healthy Homes Taranaki
C/- Better Homes
PO Box 57
WAITARA
Call free 0508 BETTER HOMES
Call free 0508 238 837

Phone: 06 754 7361
Fax: 06 754 7371
Email: enquiries@wise.org.nz
Web: www.betterhomes.co.nz

The Healthy Homes project partnership and core funders



TSB Community Trust 



NEW PLYMOUTH
DISTRICT COUNCIL
newplymouthnz.com

