

Loan application

Please email admin@angfincare.nz or post to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144

You should allow 12 working days for processing of your application. If an application is submitted without all required information and documents the application will not be processed until it is fully completed and all documents supplied.

Please ensure you read the Important information document and use the checklist to ensure you submit all required information.

1. This application is for:

☐ Single applicant

☐ Trust

Name of trust

☐ Joint applicants

☐ Company

Name of Company

☐ Co-ownership

Name(s) of co-owner(s)

1a. Personal details - Applicant 1

Title First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Daytime / mobile phone

 (0)

Email address

Employers name

Occupation

Duration

Are you a NZ citizen or do you have permanent NZ residency?

☐ Yes

☐ No

Number of dependants

Age of dependants

1b. Personal details - Applicant 2

Title First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Daytime / mobile phone

 (0)

Email address

Employers name

Occupation

Duration

Are you a NZ citizen or do you have permanent NZ residency?

☐ Yes

☐ No

Anglican Financial Care restricts its lending, please tick the category at least one of the applicants qualifies under.

☐ Anglican clergy or widow/er

☐ Christian organisation employee

☐ The Retire Fund member

☐ Clergy - other denominations

☐ Christian KiwiSaver Scheme member

☐ BUSS member

2. Current residential address

Postal address	Number / Street / PO		
	Suburb / City		Postcode

3. Additional finance sources

Will you be receiving additional finance from another organisation or person? ☐ Yes ☐ No

Name of lender:

Amount: Monthly repayment:

4. Lawyer's details

Firm name		
Title	First name	Surname
Phone number	Email address	
(0)		
Postal address	Number / Street / PO Box	
	Suburb / City	Postcode

5. Nature and purpose of the loan

What do you intend to use the loan Anglican Financial Care will be providing for?

- | | |
|---|---|
| ☐ Purchase an existing house on Māori land | ☐ Build a house on Māori land |
| ☐ Relocate a house onto Māori land | ☐ Renovations / maintenance of a house on Māori land |

6. Finance amount

Requested lending amount:	\$	Lending amount is limited by the value of the building located on the Māori land.								
Finance confirmation date:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	This is the date you must confirm your finance approval. If this date is less than 12 days AFC cannot guarantee you will receive a decision by this date.
D	D	M	M	Y	Y	Y	Y			

7. Name of landowner

Legal name of the landowner	Trust or Incorporation name

8. Landowner contact details

Title	First name	Surname
Phone number	Email address	
(0)		
Postal address	Number / Street / PO Box	
	Suburb / City	Postcode

9. Legal description of the land block

Number / Street		
Suburb / City		Postcode
Legal description	This can be found on the Council Rates Valuation. Ex LOT 20 DP 6690	Certificate of title number

10. License to occupy

Do you have an existing licence to occupy from the landowner.

- ☐ Yes - Provide a copy of the agreement with your application. [See Important information guide] ☐ No - [See Important information guide]

11. Ownership stake

Do you have an ownership share in the land? ☐ Yes - please provide details below ☐ No

12. Insurance

What will be the insurance arrangements for the dwelling? This includes house cover and any transit insurance if moving a home onto Māori land.

13. Loan details

Application type

☐ Purchase a house ☐ Build a house ☐ Refinance a loan ☐ Pre-approval

Type of loan

☐ **Table** - You pay both interest and principal and your balance decreases over time.

Repayment period ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years ☐ 25 years **(MAX)** ☐ Other _____

☐ **Interest only** [*Restricted category*] - No principle is repaid and your balance does not decrease over time.

Interest rate choice

☐ Floating ☐ 1 year fixed ☐ 2 year fixed ☐ 3 year fixed ☐ 5 year fixed

Anglican Financial Care's current interest rates can be viewed on the website.

NOTE: If this is intended to be a short-term loan and repaid in full within a 12-month period the loan must be on the floating rate.

14. Additional security

If an additional property is being included for security please provide the details below. Only required if the house you are purchasing does not have enough value to cover the amount you wish to borrow.

Number / Street

Suburb / City

Postcode

Is the property mortgaged? ☐ No ☐ Yes If yes, who holds the mortgage?

15. Council rates

Are the council rates for all properties already owned up to date? ☐ No ☐ Yes ☐ N/A

16. Proposed costs for the NEW property

In this section please provide the estimated costs.

Land rental ☐ Fortnightly ☐ Monthly ☐ Annual

Full replacement insurance: ☐ Fortnightly ☐ Monthly ☐ Annual

Maintenance: ☐ Fortnightly ☐ Monthly ☐ Annual

Does the land section the house will be on have its own rates valuation?

☐ **No** - What is the amount of the land rates you will pay on the portion of Maori land you will have a house on?

☐ **Yes** - What is the monthly cost of rates on the land section?

17. What is your total household income?

In this section you need to tell us about the money the household has coming in.

Salary income details - Applicant 1

Salary income details - Applicant 2

How much do you receive in hand each pay period?

Salary / wages

\$

☐ Weekly

☐ Fortnightly

☐ Monthly

Salary / wages

\$

☐ Weekly

☐ Fortnightly

☐ Monthly

Please submit your most recent payslips as indicated below for each applicant.

- » If you are on a salary and your pay is the same each pay period please submit your most recent three payslips.
- » If your pay is not the same each pay period please submit your most recent four consecutive payslips.

How much income from other sources do you receive? Indicate if you receive it monthly, fortnightly or weekly?

- If you receive an income that counts for both of you, only include it in one place. Eg. Working for Families benefit

You must provide proof of other sources of income. This can be shown in bank statements or other proof sources.

Commission:

\$

☐ M

☐ Fn

☐ W

Self-employed income:

\$

☐ M

☐ Fn

☐ W

NZ Superannuation:

\$

☐ M

☐ Fn

☐ W

Clergy pension:

\$

☐ M

☐ Fn

☐ W

Other pension / super:

\$

☐ M

☐ Fn

☐ W

Benefit:

\$

☐ M

☐ Fn

☐ W

Child support:

\$

☐ M

☐ Fn

☐ W

ACC:

\$

☐ M

☐ Fn

☐ W

Interest / dividends:

\$

☐ M

☐ Fn

☐ W

Trust income:

\$

☐ M

☐ Fn

☐ W

Rental income:

\$

☐ M

☐ Fn

☐ W

Boarder income:

\$

☐ M

☐ Fn

☐ W

Other*:

\$

☐ M

☐ Fn

☐ W

Commission:

\$

☐ M

☐ Fn

☐ W

Self-employed income:

\$

☐ M

☐ Fn

☐ W

NZ Superannuation:

\$

☐ M

☐ Fn

☐ W

Clergy pension:

\$

☐ M

☐ Fn

☐ W

Other pension / super:

\$

☐ M

☐ Fn

☐ W

Benefit:

\$

☐ M

☐ Fn

☐ W

Child support:

\$

☐ M

☐ Fn

☐ W

ACC:

\$

☐ M

☐ Fn

☐ W

Interest / dividends:

\$

☐ M

☐ Fn

☐ W

Trust income:

\$

☐ M

☐ Fn

☐ W

Rental income:

\$

☐ M

☐ Fn

☐ W

Boarder income:

\$

☐ M

☐ Fn

☐ W

Other*:

\$

☐ M

☐ Fn

☐ W

* Please describe what the Other income is below and provide proof of this income.

18. What assets / savings do you have?

In this section you need to tell us about the things you and your household own, and their current value.

Family home:	\$	Address:	
Property 1:	\$	Address 1:	
Property 2:	\$	Address 2:	
Chequeing accounts:	\$	Superannuation / KiwiSaver:	\$
Savings accounts:	\$	Vehicle 1	year \$
Shares:	\$	Vehicle 2	year \$
Term deposits:	\$	Household contents (value):	\$
Other assets > \$1,000:	\$	Describe -	

We must see evidence of your deposit in this section. Eg. If you have money in your KiwiSaver or other investments please supply a letter or statement showing the amount you have available to access for a home purchase. Proof is not required if your funds are held by Anglican Financial Care.

19. What debts does the household have (what do you owe)?

In this section you need to tell us about the debts you and your household have.

How much do you owe in total for:

Family home mortgage:	\$	Store card 1:	\$
Property 1 mortgage:	\$	Store card 2:	\$
Property 2 mortgage:	\$	Finance company 1:	\$
Liberty Trust loan:	\$	Finance company 2:	\$
Student loans:	\$	Personal loan 1:	\$
Credit card 1:	\$	Personal loan 2:	\$
Credit card 2:	\$	Bank overdraft 1:	\$
Hire purchase 1:	\$	Bank overdraft 2:	\$
Hire purchase 2:	\$	Vehicle finance 1:	\$
		Vehicle finance 2:	\$
Other liabilities over \$1,000*:	\$	Describe -	

Please provide your most recent statement for any credit cards, hire purchases, store cards and finance company loans. We must see the current balance and the minimum repayment amount on the statement.

20. What is your total monthly household expenditure?

In this section you need to tell us about the money you and your household have going out each week. The more information we have, the better we will be able to assess your individual circumstances.

How much do you pay each month on mortgages for currently owned properties?

Family home:	\$	Is this property being refinanced with Anglican Financial Care?	☐ No	☐ Yes
Property 1:	\$	Is this property being refinanced with Anglican Financial Care?	☐ No	☐ Yes
Property 2:	\$	Is this property being refinanced with Anglican Financial Care?	☐ No	☐ Yes

How much do you pay for:

Council rates	\$	☐ M ☐ Fn ☐ W	Liberty Trust loan	\$	☐ M ☐ Fn ☐ W
Water rates	\$	☐ M ☐ Fn ☐ W	Credit card 1	\$	☐ M ☐ Fn ☐ W
Property management	\$	☐ M ☐ Fn ☐ W	Credit card 2	\$	☐ M ☐ Fn ☐ W
Electricity / gas:	\$	☐ M ☐ Fn ☐ W	Store card 1	\$	☐ M ☐ Fn ☐ W
Phone:	\$	☐ M ☐ Fn ☐ W	Store card 2	\$	☐ M ☐ Fn ☐ W
Internet:	\$	☐ M ☐ Fn ☐ W	Personal loan 1	\$	☐ M ☐ Fn ☐ W
Groceries:	\$	☐ M ☐ Fn ☐ W	Personal loan 2	\$	☐ M ☐ Fn ☐ W
Medical / dental	\$	☐ M ☐ Fn ☐ W	Hire purchase 1	\$	☐ M ☐ Fn ☐ W
Pharmacy / medication:	\$	☐ M ☐ Fn ☐ W	Hire purchase 2	\$	☐ M ☐ Fn ☐ W
House insurance:	\$	☐ M ☐ Fn ☐ W	Finance company 1	\$	☐ M ☐ Fn ☐ W
Contents insurance:	\$	☐ M ☐ Fn ☐ W	Finance company 2	\$	☐ M ☐ Fn ☐ W
Medical insurance	\$	☐ M ☐ Fn ☐ W	Student loans	\$	☐ M ☐ Fn ☐ W
Life Insurance	\$	☐ M ☐ Fn ☐ W	Netflix / Prime / Disney	\$	☐ M ☐ Fn ☐ W
Vehicle /boat insurance	\$	☐ M ☐ Fn ☐ W	Sky / Neon	\$	☐ M ☐ Fn ☐ W
Petrol	\$	☐ M ☐ Fn ☐ W	Spotify	\$	☐ M ☐ Fn ☐ W
Road user charges	\$	☐ M ☐ Fn ☐ W	Other subscriptions	\$	☐ M ☐ Fn ☐ W
Public transport	\$	☐ M ☐ Fn ☐ W	Entertainment	\$	☐ M ☐ Fn ☐ W
Car maintenance	\$	☐ M ☐ Fn ☐ W	Takeaways	\$	☐ M ☐ Fn ☐ W
Education costs	\$	☐ M ☐ Fn ☐ W	Regular savings	\$	☐ M ☐ Fn ☐ W
Child care	\$	☐ M ☐ Fn ☐ W	Offerings / donations	\$	☐ M ☐ Fn ☐ W
Child maintenance	\$	☐ M ☐ Fn ☐ W	Gifts / Other	\$	☐ M ☐ Fn ☐ W
Other _____	\$	☐ M ☐ Fn ☐ W	Other	\$	☐ M ☐ Fn ☐ W

21. Family trusts and guarantor

Has any applicant set up a family trust and / or are a trustee / beneficiary of a family trust?

☐ No

☐ Yes

Is any applicant acting as a guarantor for a loan for any other person?

☐ No

☐ Yes

22. Additional other relevant information

Please provide any additional information you feel is important for AFC to know in order to assess your application.

For example:

- » If you wish to divide your loan over more than one interest rate describe the split you wish to do.
- » If you have used the other category for income, assets etc. please explain here.
- » If you feel there is information we would need to know that did not fit in any other section of this application that might help with us approving your application please explain in this section.

23. Co-ownership information

Complete this section if you are purchasing a house with another party or parties not part of your application.

Is there a formal co-ownership agreement between all parties? ☐ No ☐ Yes

If yes, has this been legally reviewed? ☐ No ☐ Yes

AFC does not require a formal agreement between parties, but for the protection of all involved it is advised. This could cover buy out options, who pays for repairs, what happens if a party dies etc.

Names of co-owners not part of your application

Given name(s)

Surname

Relationship between co-owners: ☐ Family ☐ Friends ☐ Business partners

Will this party be applying for an AFC loan? ☐ No ☐ Yes

Is this co-owner linked with another party? ☐ No ☐ Yes

Name

What percentage of the house will this party own? %

Names of co-owners not part of your application

Given name(s)

Surname

Relationship between co-owners: ☐ Family ☐ Friends ☐ Business partners

Will this party be applying for an AFC loan? ☐ No ☐ Yes

Is this co-owner linked with another party? ☐ No ☐ Yes

Name

What percentage of the house will this party own? %

Names of co-owners not part of your application

Given name(s)

Surname

Relationship between co-owners: ☐ Family ☐ Friends ☐ Business partners

Will this party be applying for an AFC loan? ☐ No ☐ Yes

Is this co-owner linked with another party? ☐ No ☐ Yes

Name

What percentage of the house will this party own? %

Duplicate this page if additional owner information is required.

24. Declarations

General

I / we **declare** that to the best of my / our knowledge the information supplied in the application form is correct.

I / we **authorise** Anglican Financial Care to make such enquiries as they deem necessary in order to verify the financial details set out in the application.

I / we **have disclosed** any and all information that might adversely affect my ability to repay the loan and all financial liabilities.

I / we **consent** to receive electronic communication. I / we **understand** that statements and other communication materials will be sent by email, unless I request they be sent by post. If no email address is supplied, I / we **understand** statements and other communication materials will be sent to my postal address.

Privacy

I **understand** that my personal information will be collected and held by AFC and used to administer my loan. I **consent** to that information being disclosed to other persons, including any government authority, to comply with applicable laws and (if relevant) to information about my loan being disclosed to any third party required. I acknowledge that I can access or correct my personal information by contacting the manager.

Identity verification

I / we **confirm** that I / we am / are authorised to provide the personal details presented and I / we **consent** to the information being passed to and checked with the document issuer, official record holder, a credit bureau and authorised third parties (including, but not limited to, the Department of Internal Affairs, NZ Transport Agency, Land Information NZ, Centrix, White Pages, the Dow Jones WatchList and illion) for the purposes of verifying an applicant's identity, address and whether or not any of them is a politically exposed person.

Credit check

I / we **consent** to you, Anglican Financial Care, collecting, using and disclosing my personal information for the following purposes:

- » Carrying out credit checks on me / us with a credit reporting agency for a purpose relating to the provision of credit to me (including debt collection) or for a quotation for the cost of credit. This will require you to give my information to the credit reporting agency as well as the credit reporting agency providing information about me to you.
- » Debt recovery including appointing an agent to collect any outstanding debts and listing defaults with a credit reporting agency.
- » Checking the Ministry of Justice fines database for any overdue fines I / we may have. This will require you to give my / our information to the Ministry of Justice. This check may be carried out by a credit reporting agency, which will require the search results to be disclosed to the credit reporting agency.
- » Where I / we have voluntarily given you my driver licence information, this information may also be disclosed to a credit reporting agency and the Ministry of Justice as part of the checks you undertake with them.

I / we **authorise** any third party to provide my personal information to you for any of these purposes.

I / we **understand** that if you disclose my personal information to a credit reporting agency, they may hold my information on their credit reporting database and use it for providing credit reporting services and for any other lawful purpose and they may disclose my information to their subscribers for the purpose of credit checking or debt collection or for any other lawful purpose.

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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Please contact us if you are applying in the name of a trust or company to determine who must provide authority for both Identity Verification and Credit Check requirements.