





**OWHATIURA SOUTH 5**

**INCORPORATION KAUMĀTUA GRANTS**



2026



## **Kaumātua Grant Policy**

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Registered kaumātua of Part Owhatiura South 5 Incorporation can apply for a Kaumātua grant by following the procedures outlined in this policy. Grant amounts vary due to the number of applicants in each given year and total funding made available. The amount awarded will be at the discretion of the Committee of Management and does not have to meet the maximum amount.

**The decision made by the Committee of Management will be final and not open to appeal.**

Application forms are available from the Secretary's Office and can be requested via the following:

- Phone: 07 348 3599; or
- Email: lily@gha.co.nz.

Or alternatively a hard copy form can be collected from the Secretary's Office at the GHA Centre, Level 1, 1108 Fenton Street, Rotorua.

### **Purpose:**

The purpose of the grant is to provide financial support to our Kaumātua and to encourage better health and wellbeing by contributing to ongoing costs.

### **Criteria:**

Applications will only be accepted if the applicant meets the following criteria:

- Is 65 years or older;
- Is a registered shareholder of Part Owhatiura South 5 Incorporation or a beneficiary of a whānau trust that is a shareholder (if you have not yet registered with the Incorporation please contact the Secretary for an application form);
- Has a New Zealand bank account;
- Has accurately and completely filled in the application form;
- Has provided all supporting documents;
- Has submitted the application form by the due date.

### **Assessment of Applications:**

The Committee of Management will assess applications for Kaumātua Grants and oblige with the following:

- Each applicant will be treated respectfully, impartially and without preference or prejudice'.

- Each application will be considered in light of the criteria attached to this policy, and a final decision is to be made;
- Each applicant will be advised of the outcome of their application in writing:
  - If the decision is in favour of the grant being given, a payment for the amount agreed upon by the Committee of Management will be direct credited to the payee in the bank account as stated in the application.
  - If the decision is against the applicant, the reason will be stated in the letter.
- The estimated timeframe regarding a decision on your application is approximately one month after the closing date.

### **Closing Date for Applications:**

For the financial year 26/27 the closing date for Kaumātua grant applications is **Wednesday 17<sup>th</sup> of June 2026 at 4pm**. Late applications will not be considered.

### **Submission Details:**

Please send all applications including supporting documents to:

**Owhatiura South 5 Incorporation**

C/ - GHA

Level 1, GHA Centre, 1108 Fenton St

P O Box 1712,

ROTORUA

## Kaumātua Grant Application Form

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<b>Section 1: Applicant Details</b>	
First Name:	
Last Name:	
Gender:	
Date of Birth:	
Age:	
Residential Address:	
Postal Address: <i>(if different to above)</i>	
Post Code:	
Home Phone Number:	
Mobile Phone Number:	
Email Address:	
IRD Number:	
Type of Proof of Identity Provided:	
Bank Account Name:	
Bank Account Branch:	
Bank Account Number:	
<b><i>Please provide a certified copy of your identification in the form of your passport/ birth certificate or driver's licence and verification of your bank account. Copies must be stamped or endorsed as true copies of the originals by a lawyer, notary public, Justice of the Peace or court official. Documentation must be from the current financial year.</i></b>	

**Please complete either section 2a. or 2b. depending on your individual circumstance.**

<b>Section 2a: Whakapapa Details – Individual Shares</b>	
Please complete your whakapapa details below in relation to your shares in Part Owhatiura South 5 Incorporation.	
Shareholder Number:	
Shareholder Name:	
Name of Parent:	
Name of Grandparent:	
Name of Great-Grandparent:	

<b>Section 2b: Whakapapa Details – Whānau Trust Shares</b>	
Please complete your whakapapa details below in relation to your shares in Part Owhatiura South 5 Incorporation.	
Shareholder Number:	
Shareholder Name:	
Name of Parent:	
Name of Grandparent:	
Name of Great-Grandparent:	
Name of Owner/ Whānau Trust Administrator:	
Signature of Owner/ Whānau Trust Administrator:	

**Section 3: Declaration of Details**

I hereby certify that the information in this application form is correct and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by the closing date.

I consent to any of this information being made available to Part Owhatiura South 5 Incorporation purposes only.

I consent to Part Owhatiura South 5 Incorporation contacting any Agencies to verify that information provided in this application is true and correct, in accordance with the Privacy Act 1993.

Signature:

Date:

**Section 4: Checklist**

All sections of the application form are complete, including signature and date.

Verified proof of identity is attached.

Verified proof of bank account details is attached.

**Office Use Only**

*Date Received:*

*Application Complete:*

*Supporting Documents Attached:*

*Application Outcome:*

*Comments:*