

Application for Older Persons Housing



Application Criteria (as per Council's Older Persons Housing Policy):

- You are a New Zealand Citizen or Permanent Resident.
- You are 60 years of age or over.
- Your total assets, including cash, investments, house, and other property (but not including a car, furniture, and personal effects) do not exceed \$25,000 for a single person or \$35,000 for a couple.
- Your total combined income must not exceed 20% above your regular gross superannuation (this recognises those tenants who may have another income source such as a part-time job to supplement your superannuation).
- You have a genuine need for Council's Older Persons Housing.
- You can supply a letter from your Doctor to confirm you are capable of living independently and/or have the necessary support in place to do so.
- You have no criminal convictions that could impact negatively on communal living.
- You have two written references from previous Landlords that verify your good tenant history.
- You are able to pay four weeks bond and two weeks rent in advance before the tenancy commences (please note that Work and Income NZ may be able to assist you with bond and/or rent payments)
- You have completed the Application Form in full, supplying all of the required supporting documentation.

Tenancy Conditions:

Successful applicants will be required to enter into a Tenancy Agreement with the Ōtorohanga District Council under the following conditions:

- Upon acceptance of your application, a recognised Tenancy Agreement will be completed between the applicant and the Property Manager acting on behalf of the Ōtorohanga District Council.
- Older persons housing units may only be occupied by the tenant(s) named in this application and who sign a Tenancy Agreement with Ōtorohanga District Council. No other persons may reside in the relevant property.
- Four weeks bond will be payable, which will be lodged with Tenancy Services until the end of your tenancy.
- Rent is to be paid either weekly or fortnightly, depending on the tenant's beneficiary pay day by Direct Debit into the nominated bank account for the Ōtorohanga District Council.

Under the Privacy Act 1993 we must have your signed consent for the above conditions including authority to contact family or medical professionals should the need arise.

Applicant signature: Applicant Full Name:	Date:
Second Applicant signature (if applicable): Second Applicant Full Name:	Date:

Application for Older Persons Housing

APPLICATION FORM



Applicant (1) Details:

Surname: _____ First Name(s): _____

Title: Mr / Mrs / Miss / Other Date of Birth: _____ Age: _____

NZ Resident/Citizen: Yes/No Length of Time Residing in Ōtorohanga District: _____

Current Residential Address: _____

Town/ City: _____ Postcode: _____

Postal Address (if different): _____

Post Code: _____

Mobile Phone Number: _____ Home Phone: _____

Applicant (2) Details:

Surname: _____ First Name(s): _____

Title: Mr / Mrs / Miss / Other Date of Birth: _____ Age: _____

NZ Resident/Citizen: Yes/No Length of Time Residing in Ōtorohanga District: _____

Current Residential Address: _____

Town/ City: _____ Postcode: _____

Postal Address (if different): _____

Post Code: _____

Mobile Phone Number: _____ Home Phone: _____

Medical Contact Details:

Name of Doctor: _____

Name of Medical Centre: _____ Phone No: _____

Name of Doctor (Applicant 2): _____

Name of Medical Centre (Applicant 2): _____ Phone No: _____

Next of Kin or Personal Contacts (x2):

Name: _____

Relationship: _____

Address: _____

Email: _____

Phone: _____

Name (Contact 2): _____

Relationship: _____

Address: _____

Email: _____

Phone: _____

Do you have pets? Yes/No – if yes please include details below:

Do you drive a vehicle or mobility scooter? Yes/No – if yes please include details below:

Type of Vehicle: _____

Any additional applicable information:

Referee Landlords (who are not family members):

Name: _____

Address: _____

Email _____

Phone: _____

Name (Referee 2): _____

Address: _____

Email: _____

Phone: _____

Assets:

Do you own your property? Yes/No

If yes, please complete Section A, if no, please complete Section B

Section A (only complete this section if you own your own property):

Is the property (please circle): House / Home Unit / Commercial / Land Only / Other

Address of property: _____

What is the Government Valuation of the property? \$ _____

What is the total mortgage remaining on the property? \$ _____

Is the property rented out to tenants? Yes / No

If yes, how much is the weekly rental payments you receive? \$ _____

Section B (only complete this section if you do not own your own property):

Name of current Landlord: _____

Landlord's Address: _____

Landlord's Mobile Phone Number _____

Weekly rent you currently pay: \$ _____ Amount of bond held: \$ _____

Other Assets (please list all other assets, NOT INCLUDING your house, furniture, personal items, and pre-paid funeral plans):

Cash: \$ _____

Bank Accounts: \$ _____

Investments: \$ _____

Shares: \$ _____

Other: \$ _____

Do you own any of the following? If yes, please provide details:

Car: Type: _____ Year: _____ Approx Value: \$ _____

Boat: Type: _____ Year: _____ Approx Value: \$ _____

Caravan: Type: _____ Year: _____ Approx Value: \$ _____

Other: Type: _____ Year: _____ Approx Value: \$ _____

Have you sold any property during the last 5 years? Yes / No (if yes please complete below):

Property Address: _____

Date Sold: _____

Where the Mortgage (if any) was held: _____

Sale Price: \$ _____

Income Details (please provide details of income received from all sources):

Salary or Wages: \$ _____

Benefit: \$ _____ Type of Benefit: _____

Additional Benefit: \$ _____ Type of Benefit: _____

Any other income: \$ _____ Please specify: _____

Preferred Location (please select the area you would prefer to live):

Windsor Court, Ōtorohanga Elizabeth Place, Ōtorohanga Rosamond Tce, Kawhia

Details of any criminal convictions (subject to the Clean Slate Act 2004):

Reason for Application (please give as much detail as possible – this information will be held as confidential):

Declaration of assets:

I/We, being an applicant(s) for a Council older persons housing unit within the Ōtorohanga District, hereby certify that my/our assets, including cash, investments, house, and property (excluding furniture, car, personal effects and pre-paid funeral plans) do not exceed the sum of \$25,000 (twenty-five thousand dollars) or in the case of a couple \$35,000.00 (thirty-five thousand dollars) GST inclusive.

I/we consent to completing an annual financial/medical declaration form as requested by the Council’s Property Manager.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Second Applicant Name: _____

Second Applicant Signature: _____ Date: _____

Statutory Declaration:

Note: The following section must be completed in front of your official witness (For example JP, Solicitor or any other person authorised to take a statutory declaration)

All the particulars supplied with this application are true and correct and I/we have attempted to answer all questions. I/we make this statutory declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Second Applicant Name: _____

Second Applicant Signature: _____ Date: _____

Declared at (place): _____

Before me (name of official witness): _____

Signature of official witness: _____

Date: _____

(insert official witness stamp)