

# 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:	Date of Birth:	Age:
Are you a NZ Resident or Citizen:	Yes	No
Length of Time Residing in Ōtorohanga District:		
Current Residential Address: Town/ City:		
Postal Address (if different):		Postcode:
Town/ City:		Postcode:
Mobile Phone Number:	Home Phone:	

### Applicant (2) Details:

Surname:	First Name(s):	
Title:	Date of Birth:	Age:
Are you a NZ Resident or Citizen:	Yes	No
Length of Time Residing in Ōtorohanga District:		
Current Residential Address:		
Town/ City:		Postcode:
Postal Address (if different):		
Town/ City:		Postcode:
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:

**If you have pets, please provide details below:**

**If you drive a vehicle or mobility scooter, 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 select):              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: \$

**If you have sold any property during the last 5 years, 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)*