

APPLICATION FORM

Housing for the Elderly

Applications will be considered from those:

- Aged 60 years or older, and
- Receive a pension, benefit or otherwise are on a low income, and
- Have no significant assets.

Applications from those nearing 60 years of age will be considered on a case by case basis for a place on the waiting list.

All income and assets must be declared.

1. Applicant(s) details:

1a. If a couple is applying, the names of both applicants must be given.

			Applicant (One	Applicant Two
	Surname:				
	First Name/s:				
	Date Of Birth				
	Length of Reside Far North District	nce in			
	Are you a resider (Please circle)		ES / NO		YES / NO
1b.	Postal Address (ir	nclude postcoo	de):		
1c.	Contact phone n	umbers: Hom	e:	Mobil	e
1d.	Email Address: _				
1e.	I have supplied t				
	Drivers Licence	Birth Ce	rtificate	Passport	Other
2.	Current Accomm	nodation:			
2a.	Are you	☐ Boarding	☐ In socia☐ In emeronage	gency accon	nmodation

2b.	How long have you lived in your	current accommodation? _					
2c.	How much rent/board are you c	urrently paying? \$	per week				
2d.	Have you ever been a tenant of the Far North District Council before? If yes please provide details of location and dates.						
3. 3a	Criminal Convictions Do you have any previous curry	ent or pending criminal conv	victions? If was please				
oa.	provide details – date and convi	u have any previous, current or pending criminal convictions? If yes please e details – date and conviction					
3b.	Does Council have your permission to obtain a police and/or credit rating check if required? ☐ YES ☐ NO						
4.	Income and asset details	and asset details					
4a.	Do you own a motor vehicle, boat, caravan or other (give details):						
4b.	Do you own any property? ☐ YES ☐ NO Location:						
4c.	c. Have you sold any property in the last five years? ☐ YES ☐ NO						
4d.	Please give brief details, i.e. address, sale price, date sold, mortgage held:						
4e.	Income from all sources weekly:						
		Applicant One	Applicant Two				
	Total amount received (weekly)	\$	\$				
	Salary/Wages or Benefit?						
	Benefit type/number						

4f.	Please give details of all assets and provide a copy of a recent Bank Statement					
	Cash (in Hand) \$					
5.	Emergency Contac	et				
Ple	ase provide details of someone who could be contacted in an emergency:					
	Full name:					
	Address:					
	Email:					
	Relationship to yo	u (e.g. next of kin, ca	regiver):			
6.	Main reason for applying for a unit:					
7.	The Far North District Council provides Housing for the Elderly in the following 12 locations.					
	Kaikohe/Hokianga Kaikohe Kohukohu	a area: Waima Horeke	Omapere	Rawene		
	Bay of Islands/WI Kawakawa	nangaroa area: Kerikeri				
	Kaitaia area: Oxford Street	Puckey Ave	Awanui	Ahipara		
	Please list in order of preference your top three locations.					
	1	2		3		

8.	References	
	Please provide two referees that I can clandlord and a character reference.	contact. A reference from your previous
	1)	Phone
	2)	Phone
9.	Consent under the Privacy Act 1993	
	The Far North District Council requires to assist the assessment of the applica	your consent to collect personal information nts' suitability for a unit.
	Council is unable to assess your suitab	ld the information requested securely. The bility if the authorisation section is not signed. necessary correction of, any of the personal
	I / We authorise an officer of the Far North District Council to contact my solicitor and / or my doctor for any necessary further information.	Signature of Applicant One
		Signature of Applicant Two
10.	Declaration	
	I / We,	
	Of	do
	solemnly and sincerely declare that the detail; and	particulars supplied are correct in every
	I / We make this solemn declaration coand by virtue of the Oaths and Declarate	nscientiously believing the same to be true tions Act 1957.
	Declared atthi	is day of 20
	Signed by Declarer	
	Refore Me	

Authorised Officer)

(Justice of the Peace or other person authorised to take statutory declaration or

Check list:

Please $\sqrt{}$ boxes below to ensure you have provided all the information we need

Evidence of your financial status such as bank account statements, proof of
weekly income (WINZ benefit break down or current payslip), details of any
properties and assets owned.
Proof of identification Birth certificate, driver's licence, passport (at least 2)
Doctors consent form for each applicant
References from a previous landlord and a character reference.

When application is fully completed, with all required documents attached, together with any additional information which the applicant(s) may wish to submit, the application should be handed into any Far North District Service Centre, or forwarded to:

The Customer Service Officer - Housing for the Elderly District Services
Far North District Council
Private Bag 752,
Memorial Ave,
KAIKOHE 0440

Note: It is the applicant's responsibility to advise of any changes to your application. If the required documentation is not supplied or we are unable to contact you, your application will be cancelled.