

APPLICATION FOR SENIOR CITIZENS FLAT

Date of application : _____

1. Full name(s) : **Mr / Miss / Mrs** _____

Date of birth : _____

Place of birth : _____

2. Length of residence in the Grey District : _____

Length of residence in New Zealand : _____

Present address : _____

Telephone number : _____

Length of time in present premises : _____

Are premises rented : **YES / NO** Rent per week : \$ _____

Do you own the premises you occupy : **YES / NO**

Kind of premises occupied (eg. house, flat, etc., and number of rooms) :

If premises shared, or living with relatives, give particulars :

3. Have you any dependent relatives : **YES / NO**

Name next of kin, or family and addresses :

4. What is the present conditions of your health :

Name of medical adviser : _____

Are you able to housekeep and cook for yourself : YES / NO

Have you a physical disability : YES / NO If yes, please state :

5. Are you in receipt of one or more of the following, (*Delete those which do not apply*) :

National Superannuation

Widows Pension

War Pension

Other Pension (state) _____

Invalidity Pension

What is the gross monthly amount received : \$ _____

State the amount of any supplementary allowance : \$ _____

What is your Benefit/Superannuation number : _____

6. State your assets, (excluding furniture and personal effects) for both husband and wife where applicable :

(a) Cash in bank and post office : \$ _____

Building section or property (Government valuation): \$ _____

Shares - registered stock etc. (state total value) : \$ _____

Life insurance - endowment (state amount) : \$ _____

Motor car (value) : \$ _____

Other assets (specify with value) : \$ _____

(b) Are you or your wife/husband the owner of a house property : YES / NO
If yes give details :

(c) Have you any interest (apart from ownership) in a house property :

If so, where is it situated : _____

(d) Have you or your wife/husband sold any house property during the past 5 years, if so, give particulars :

(e) Have you any income, except under the above headings (eg. part time work), If so state amount : \$ _____

7. Have you lodged an application for housing accommodation with any other agency (eg. Housing Corp., Welfare Organisation etc.), if so state with date :

8. Enclose two (2) references, or if these are not available, give the names of two (2) local citizens who will be able to testify for you :

9. State here any further details which may assist the Committee in the proper consideration of your application :

10. This application may be cancelled should you change your address or living circumstances and fail to notify the General Manager, within three (3) months.

STATUTORY DECLARATION

I/We, _____

Address : _____

Sincerely declare that my/our answers to questions 1-9 inclusive contained in the foregoing are to the best of my knowledge true and correct in every particular; and I/we make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act, 1957.

Declared at _____ this _____ day of _____ 19 _____

(signature of declarants)

Before me : _____

*Justice of the Peace or Solicitor of the Supreme Court
or Officer authorised to take Statutory Declarations..*

I would prefer a flat in:

GREYMOUTH

BLAKETOWN

RUNANGA

DOBSON

(Please tick one or number in order of preference).

CONDITIONS AND ELIGIBILITY APPLYING TO GREY DISTRICT COUNCIL HOUSING

1. The units will be let to elderly persons being 60 years of aged or over with provision to review this age criteria if special circumstances arise.
2. all such persons shall have a housing need.
3. an upper limit of \$150.000 in liquid Assets shall apply
4. Housing will be allocated in date received order and applicants turning down a flat will drop to the bottom of the list.
5. Rentals will be subject to annual reviews as at 1 June each year and any increase will take effect from 1 September of that year.
6. All units may be inspected by Council officers as and when required and all tenants must be given 24 hours notice before such inspections take place.
7. The keeping of any animal in the pensioner housing units is prohibited.
8. Smoking in the pensioner housing units is prohibited.