

Corporate Services Department

# Application Form for Senior Citizens Flat

Version: July 2014

## 1. Full name (s)

	Title	Surname	First Names	Date of Birth
a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address:		<input type="text"/>		
		<input type="text"/>		
Contact Phone No:		<input type="text"/>		

## 2. Existing Accommodation

Are you:  Renting (tick in box)  Boarding (tick in box)

Living in own home (tick in box)  In emergency accommodation (tick in box)

How much rent/ board do you pay (weekly):

How long have you lived there:

Do you need to give notice to your landlord?  Yes  No

How much notice?

### 3. New Zealand Residency

Are you a New Zealand Citizen:  Yes (tick in box)  No  
If no, are you permitted to reside in New Zealand permanently:  Yes  No

If you are not a New Zealand Citizen, but are allowed to reside in New Zealand permanently, please bring your immigration documents with you when you come in for an interview.

### 4. Criminal Offences

Please indicate whether or not you have been convicted of any criminal offence that is punishable by imprisonment or if you have any criminal charges pending. A criminal charge is one in which it is alleged that you have broken the law in some way.  Yes  No

(We do not include traffic offences other than drink driving or convictions that are subject to the Criminal Records (Clean Slate) Act 2004.) If "Yes" please provide details:

I consent to the Grey District Council making enquiries to verify the information in my application including Police checks and credit checks and recognise that all enquiries will be conducted on a confidential basis and that the Grey District Council has the right to maintain the confidentiality of this information.

### 5. General Practitioner

Name:

Practice:

Are you able to housekeep and cook for yourself:  Yes  No  
Do you have a physical disability:  Yes  No

If yes, please state:

**6. Support Agency Assistance**

Do you receive assistance from a support agency: e.g.

Presbyterian Support, community health care services  Yes  No

If yes, please give details

Name:	<input type="text"/>	Agency:	<input type="text"/>
Name:	<input type="text"/>	Agency:	<input type="text"/>
Name:	<input type="text"/>	Agency:	<input type="text"/>

**7. Next of Kin**

Name:

Address:

Telephone:

Relationship:

If no Next of Kin please supply other contact: (e.g. Solicitor, Public Trust etc.)

**8. Gross Income – Per annum**

a) Social Welfare Benefit	\$ <input type="text"/>	Type <input type="text"/>
b) Salary/ Wages	\$ <input type="text"/>	Please supply a certificate of earnings from your employer
c) Total	\$ <input type="text"/>	

**9. General Practitioner Assets and Liabilities (for all applicants)**

a) Do any applicants currently own or have a financial interest in any house, flat or other property in New Zealand or overseas?  Yes  No

If yes, Address of Property:

Value of applicant's share: \$

Total value of the property: \$

Is the property mortgaged:  Yes  No

If yes, what is the principal outstanding \$

b) Have you owned or had financial interest in any property in the last five years?  Yes  No

If yes Address of Property:

When was it sold:

What was the sale price: \$

Value of your share: \$

c) Please list all bank accounts and investments:

Bank Account/ Investment	Current Balance
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Other Assets (excluding personal effects and furniture): \$

Motor Vehicle: \$

d) Do you have any loans or hire purchase agreements:  Yes  No

If yes, please list:

**10.** Have you lodged an application for housing accommodation with any other agency (e.g. Housing Corp, Welfare Organisation etc.) If so state with date:

[Redacted]

[Redacted]

**11.** 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:

[Redacted]

[Redacted]

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

[Redacted]

[Redacted]

[Redacted]

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

**14. Statutory Declaration (to be completed by applicant/s)**

I/ We (Full names) [Redacted]

of (full address) [Redacted]

[Redacted]

[Redacted]

(nature of occupations) [Redacted]

Do solemnly and sincerely declare that all statements made and all particulars contained in the foregoing application are, to the best of my/our knowledge, information and belief true, full and correct in each and every particular and I/ we make this solemn declaration conscientiously believing the same to be true and under and by virtue of the Oaths and Declarations Act 1957.

**Signature of Declarant**

[Redacted Signature Area]

Declared at [Redacted]

this [Redacted] day of [Redacted]

20 [Redacted] Before me: [Redacted]

[Redacted Signature Area]

**Signature of Declarant**

[Redacted Signature Area]

Declared at [Redacted]

this [Redacted] day of: [Redacted]

20 [Redacted] before me: [Redacted]

[Redacted Signature Area]

To be signed *in the presence* of:  
A Housing Officer in the service of the Grey District Council duly authorised to take Statutory Declarations.  
A Solicitor in the High Court of New Zealand  
A Justice of the Peace in and for New Zealand

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A Housing Officer in the service of the Grey District Council duly authorised to take Statutory Declarations.  
A Solicitor in the High Court of New Zealand  
A Justice of the Peace in and for New Zealand

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. (a) The primary focus will be to provide housing for older people, i.e. 60 years of age or older.  
(b) The secondary focus will be to accept tenants, between the ages of 50 and 60 years with preference in this group, being extended to those people who are government income-tested and/or who have special needs.  
(c) Generally persons under the age of 50 will not be considered as tenants unless there is a case for "special needs" per "b" above.  
(d) To be eligible for consideration, applicants must not have more than \$150,000 in property, in the bank or in investments, the equity in family trusts will be taken into consideration when assessing eligibility.
2. Housing will be allocated in date received order and applicants turning down a flat drop to the bottom of the list.
3. Rental will be subject to annual reviews as at 1 June each year and any increase will take effect from 1 September of that year.
4. All units may be inspected by Council officers as and when required and all tenants must be given 24 hours before such inspections take place.
5. The keeping of any animal in the pensioner housing units is prohibited.
6. Smoking in the pensioner housing units is prohibited.