

Community Development Department

Application Form for Retirement Housing

Version: November 2025

CHECKLIST – Please ensure the below list is completed and documents attached with your application

- ◇ Copy of identification i.e. driver's license or passport
- ◇ Independent living form (signed by a doctor and dated)
- ◇ Two references including current landlord if applicable
- ◇ Income and assets declared
- ◇ Declaration signed

1. Applicant/s Details:

	Title	First names	Surname	Date of birth	Age
a)					
b)					

Current address	
Contact phone number	
Email address	

Smoker

YES

☐

NO

☐

ID Supplied

Driver's license

☐

Passport

☐

Other

☐

Do you have any pets? (please give details) _____

Grey District Council Pet Policy Statement:

Dogs are strictly prohibited in all residential units under any circumstances.

In exceptional cases, GDC may consider a written request for permission to keep one neutered cat or one caged bird. Each request will be assessed on a case-by-case basis, and approval is not guaranteed.

2. Accommodation requirements:

One bedroom unit **(1-2 people)**

☐

Two bedroom unit **(2 people only)**

☐

I would prefer a flat in *(please tick one or number in order preference)*

Greymouth / Blaketown

☐

Runanga

☐

Dobson

☐

3. Existing accommodation:

Are you: Renting

☐

Living in your own home

☐

Other

☐

How long have you lived there? _____

Do you need to give notice to your landlord?

Yes

☐

No

☐

How much notice do you need to give? _____

Have you lodged an application for housing accommodation with any other agency?

If so, please state with who you applied and what date. _____

4. New Zealand Residency:

Are you a New Zealand Citizen?

Yes

☐

No

☐

Do you have Permanent Residency?

Yes

☐

No

☐

If you are not a New Zealand Citizen, please provide a copy of your visa or immigration documents with your application.

5. Criminal Offences:

Have you been convicted of any criminal offence that was punishable by imprisonment?

Yes

☐

No

☐

Do 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 offence other than drink driving or convictions that are subject to the Criminal Records (Clean slate Act 2004) If yes, please provide details.

I understand that the Grey District Council may request additional information to verify the details provided in this application, which may include a Police Check, Credit Check or other relevant background inquiries.

Yes

☐

No

☐

6. Applicant's Ability to Live Independently:

Please complete and sign the consent at the top of the attached Independent Living Form. You will need to take the Independent Living Form to your doctor to complete. The Grey District Council provides accommodation for older people living independently and is not a health and disability provider.

The information requested will assist Council to determine whether you are capable of independent living, such that there would not be any significant risk of harm to yourself or to others living in a Council retirement unit.

If two applicants, please complete independently living form for both applicants.

7. 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:

Agency:		Frequency:	
Agency:		Frequency:	
Agency:		Frequency:	

Please note: Receiving assistance from an agency may not effect your eligibility. Day time assistance is permitted; However, overnight assistance I not permitted on a long term basis

8. Next of Kin:

Name:	
Address:	
Phone number:	
Relationship:	

I give permission for the Grey District Council Housing Officer to contact my next of kin, if they have concerns about my general health and/or my financial status.

Yes

☐

No

☐

If no next of kin, please supply another contact: (e.g. Solicitor, Public Trust, etc.)

9. References:

Please provide two previous landlord references. If these are not available, please provide two personal character references from a person who is not a family member. **(Name, phone number and address)**

- ---
- ---

10. Income:

To assist the Grey District Council in assessing eligibility for tenancy within the Council's Retirement Housing. This information helps the Council to determine rent levels and confirm that you meet the financial criteria for accommodation.

Do you receive any form of income other than New Zealand Superannuation/ Pension or a New Zealand Government Benefit?

If yes, please provide full details below:

Please include all additional income if more than one applicant.

Source of income	Amount and frequency	Additional comments
	\$	
	\$	
	\$	
	\$	

11. Assets: Please combine assets if more than one applicant:

Cash on hand in the bank:	\$
Vehicle:	\$
Vehicle make & year:	
House/s:	\$
Land:	\$
Investments:	\$
Other assets:	\$
Asset type:	
Total:	\$

Please list any assets disposed of by any means in the last 10 years, the reason for the disposal and what was done with the proceeds from any sale:

12. Declaration (to be completed by applicant/s)

Grey District Council Eligibility Criteria Policy Statement:

To be eligible for consideration, applicants must:

1. Not have more than \$100,000 in total assets, e.g. property, in the bank or investments.
2. Be a community Services Card holder OR receiving a permanent benefit.
3. Be able to live independently.
 - The Grey District Council's primary focus is to provide housing for people 65 years of age and older. Our secondary focus will be to accept tenants between the age of 60 and 64 years of age, subject to availability and demand.
 - Should an urgent need arise in relation to a person not on the waiting list or lower down on the waiting list, and the applicant meets the criteria above, the application will be referred to the Department Manager for a decision.

I/We (full names) _____

Of (address) _____

(Nature of occupation) _____

I/We declare that all statements made, and all particulars contained in the foregoing application are, to the best of my/our knowledge true and correct.

Signature of Declarant:	Signature of Declarant:
At:	At:
On:	On:

To be signed in the presence of:

To be signed in the presence of:

Witness:	Witness:
Name:	Name:
Signature:	Signature:

Independent Living Form:

I, _____ (name of applicant)

Give my consent for my doctor/GP to complete the following form set out below, which I will submit to Grey District Council as part of my Retirement Housing application.

Signature: _____

Date: _____

FOR THE DOCTOR/GP TO COMPLETE

The applicant is applying for a tenancy in a Council Retirement Housing unit. These are in groups of small one to two bedroom, self-contained units, which require the applicant to have the ability to live independently and in close proximity with a community of older people.

The following statement will assist Council to determine whether the applicant is capable of independent living, such that there would not be any significant risk of harm to the applicant. That the applicant is able to live harmoniously and in a non-disruptive manner with others also living in the Council Retirement unit village.

Name of patient: _____

Date of birth: _____

I, _____ (name of Doctor or GP), hereby declare that, to the best of my knowledge; I have assessed the applicant's health and overall well being, and, in my professional opinion, the applicant is capable of living independently, without significant risk of harm to themselves or others.

Furthermore, I believe the applicant is able to reside harmoniously and in a non disruptive manner with other residents.

Doctor Name: _____ Medical Practice: _____

Signature: _____ Date: _____

Independent Living Form:

I, _____ (name of applicant)

Give my consent for my doctor/GP to complete the following form set out below, which I will submit to Grey District Council as part of my Retirement Housing application.

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Doctor Name: _____ Medical Practice: _____

Signature: _____ Date: _____