

OFFICE USE ONLY

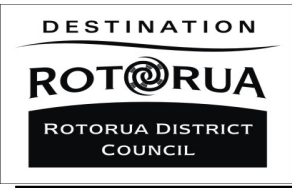
Status Approved Declined Information required

Date Received

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Comments

..... Signed



ROTORUA DISTRICT COUNCIL HOUSING FOR THE ELDERLY - APPLICATION FORM

1 APPLICANT(S) Single Couple

Mr/Mrs/Miss/Ms First Name Surname

Mr/Mrs/Miss/Ms First Name Surname

Date of Birth—Applicant 1 Applicant 2

Current Address

Telephone Mobile Email

2 NEW ZEALAND RESIDENCY

Are you a New Zealand citizen or do you have permanent resident status? Yes / No (please circle)

Proof of New Zealand residency enclosed

3 ETHNIC GROUP

Which ethnic group best describes you? (please tick one)

- State whether
- | | | |
|----------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> NZ of Maori descent | <input type="checkbox"/> NZ of European descent | <input type="checkbox"/> Asian |
| <input type="checkbox"/> European | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other | |

4 CURRENT ACCOMMODATION

- Are you
- | | | |
|-----------------------------------------------------|--------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Renting | <input type="checkbox"/> Boarding | <input type="checkbox"/> In other Council accommodation |
| <input type="checkbox"/> In emergency accommodation | <input type="checkbox"/> other | |

How much rent / board are you currently paying \$

Confirmation of rent / board currently paid is enclosed

How long have you lived in you current accommodation

A landlords reference is enclosed

5 INCOME DETAILS

What NZ benefit do you receive?

Confirmation of benefit details from WINZ enclosed.

6 ASSETS AND INCOME (total for all applicants)

ALL INCOME AND ASSETS MUST BE DECLARED

Savings \$ Investments \$

Assets:

INCOME	APPLICANT 1	APPLICANT 2
Amount of benefit fortnightly (nett)
Other income fortnightly (nett)
Total income per fortnight

Do you or your spouse / partner currently own or have financial interest in, or have sold a property in the last five years in New Zealand or overseas? Yes / No (please circle) *If yes please supply the following:*

Address of property

Value or share of property Outstanding mortgage on property

Property sold Yes / No (please circle) *If yes please supply the following*

When was it sold What was the sale price

Copy of final property settlement statement from lawyer is enclosed.

7 GENERAL PRACTITIONER / DOCTOR

Name Phone

Address

Completed Medical Certificate attached

8 PETS

Do you own a cat Yes / No (please circle) Provide details

Do you own a bird Yes / No (please circle) Provide details

DOG ARE NOT PERMITTED

9 PREFERRED LOCATION

1

2

3

10

NEXT OF KIN / SUPPORT PERSON

Name Telephone

Address

..... Relationship

Name Telephone

Address

..... Relationship

11

CONSENT TO PRIVATE INFORMATION: Completed by applicant

Please note that Rotorua District Council may need to obtain / confirm information prior to commencement of a tenancy or at any stage during a tenancy.

Pursuant to principle 3 & 10 of the Privacy Act 1993:

- 1 The information is being collected to enable Rotorua District Council to maintain its Rental Housing records.
- 2 The intended user and holder of the information is the Rotorua District Council, Private Bag 3029, Rotorua.
- 3. You have the right of access to and correction of any personal information held about you by Rotorua District Council.
- 4 The personal information is not required by law, however, if refused, Rotorua District Council may decline you application

I/We hereby authorise and agree that Rotorua District Council staff can access information with regard to my application and ongoing tenancy

Signature of applicant Date

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STATUTORY DECLARATION completed by applicant

The particulars supplied are true and correct. I/We make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Declarations Act 1957.

Declared atthis day of..... 20.....

Before me :

Justice of the Peace or other such person authorised to witness such declarations

Signature

Signature

Applicant /s