

Application for Pensioner Housing

Please note to qualify for a pensioner unit, the applicant must:

- Have attained the age of 65 years
- Have a genuine housing need
- Be within the asset barrier
- Provide a current letter from your doctor to say you can live alone independently
- Be in receipt of a sickness benefit, war pension or retired person's pension

Applications will be treated in the strictest confidence.

For further information please contact Sharon Rufer on 07 823 3800

Pets:

Due to the communal style of living and the lack of open spaces available within council housing. As a general rule pets are not considered. However, in special circumstances exceptions will be considered.

Accommodation:

Waipa District Council has village style pensioner housing units in Cambridge, Leamington, Kihikihi and Te Awamutu. Bedsits are suitable for an individual only but most of our one bedroom units can accommodate a couple.

Tenancy Conditions:

Successful applicants will be required to enter into a Tenancy Agreement with the Waipa District Council under the following conditions:

- Upon acceptance of your application, a recognised Tenancy Agreement will be completed between the applicant and the tenancy officer acting on behalf of the Waipa District Council.
- Two weeks bond will be payable, which will be lodged with the Department of Building and Housing until the end of your tenancy.
- Rent is to be paid weekly by Direct Debit into the nominated bank account for the Waipa District Council.
- Under the Privacy Act 1993 we must have your signed consent for the above conditions including authority to contact family or medical professionals should the need arise.

Applicants signature

Date

Second Applicant signature (if applicable)

Date



Application for Pensioner Housing

The following application is for tenancy of a Waipa District Council Pensioner unit.

Applicant Details:

Surname: _____	First Names: _____
Title: Mr / Mrs / Miss / Other	Date of Birth: _____ Age: _____
NZ Resident: Yes / No	Length of Residence in Cambridge/Te Awamutu: _____
Current Residential Address (incl post code)	Postal Address (if different)
_____	_____
_____	_____
Home Phone: _____	Mobile: _____

Emergency Contact Details:

Name of Doctor	_____
Address of Medical Centre:	_____ Phone No: _____

Next of Kin/Contact Details: (please provide details for two family members contactable in an emergency)

Name of First Contact:	_____
Relationship to Applicant:	_____
Address:	_____
Contact Phone: _____	Mobile: _____ Email: _____
Name of Second Contact:	_____
Relationship to Applicant:	_____
Address:	_____
Contact Phone: _____	Mobile: _____ Email: _____

Any Additional Applicable Information:

Partner Details: (if applicable)	
Surname: _____	First Names: _____
Title: _____	Mr / Mrs / Miss / Other

Referee: (name of one contact person who is not a family member is to be supplied in order to be contact for a verbal reference)	
Name: _____	
Address: _____	
Phone No: _____	

Assets:	
Do you own your own property?	Yes / No If <u>Yes</u> please complete <u>Section A</u> , if <u>No</u> please complete <u>Section B</u>

Section A: (you own your own property)					
Is the property: (please circle)	House	Home Unit	Commercial	Land only	Other (please specify)
Address of Property: _____					
What is the Government Valuation of the property?				\$	_____
What is the total mortgage on the property?				\$	_____
Is this property Rented out?		Yes / No			
If Yes, what weekly rent do you receive?				\$	_____

Section B: (you DO NOT own your own property)	
Name of landlord: (to be contacted)	_____
Landlord's address:	_____
Landlord's contact phone no:	_____ Mobile No: _____
Amount of current bond:	\$ _____ Weekly rent you currently pay: \$ _____

Other Assets: (please list all other assets <u>apart</u> from your house and furniture and pre-paid funeral plans)						
Do you own any of the below? If Yes, please provide details.						
			√	Type	Year	Approx Value
Cash	\$ _____					
Bank Accounts	\$ _____	Car				
Investments	\$ _____	Boat				
Shares	\$ _____	Caravan				
Other	\$ _____	Other				

