

## Senior Housing Tenancy Application Form

### 1. Housing Preference

**Accommodation Required**     Single Unit (1 person)                       Double Unit (2 person)

**Preferred Location** – Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preferences

<input type="checkbox"/>	Anderson Park Close	26 Lipscombe Crescent, Havelock North
<input type="checkbox"/>	Cambridge Court	710a Jervois Street & Cambridge Street, Mayfair, Hastings
<input type="checkbox"/>	Cameron Court	Cnr Frederick Street & Tomoana Road, Mahora, Hastings
<input type="checkbox"/>	Elm Grove	505 Southampton Street East, Akina, Hastings
<input type="checkbox"/>	Kereru Heights	304 Takapu Road, Camberley, Hastings
<input type="checkbox"/>	Oakleigh Downs	612 Grove Road, Mayfair, Hastings
<input type="checkbox"/>	Parkhaven Village	510 Park Road South, Akina, Hastings
<input type="checkbox"/>	Swansea Village	17 Swansea Road, Flaxmere (opp. Flaxmere Tavern)
<input type="checkbox"/>	Tui Vale	312 Tui Place, Camberley, Hastings

Office use ONLY
Name:.....
Date: .....
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Information Required <input type="checkbox"/> Follow Up
Comments: ..... ..... ..... ..... ..... ..... .....

## 2. Personal Details

Every person that is applying for housing needs to fill out the details below

### Applicant One

Legal Name: .....

Preferred Name: ..... Date of Birth: .....

Current Address: .....

Suburb and City: .....

Post Code: ..... Email: .....

Home phone: ( ) ..... Mobile Phone: .....

Have you been a Hastings District Council tenant before: **Yes / No**

Do you own a pet: **Yes / No** If yes  Cat  Bird  Fish

Do you have a car: **Yes / No** Registration:.....Make:.....Model:.....

### **Criminal Convictions**

Have you been convicted of any criminal charges or do you have any criminal charges pending?  
(Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required to be disclosed)  
**Yes / No**

Please give any details

.....  
.....  
.....

### **Health Details**

a. Are you sufficiently active to care for yourself? **Yes / No**

If no, who would care for you? .....

b. Do you have help with cleaning, shopping, bathing etc? **Yes / No**

If yes, what sort of help? .....

c. How often do you receive this help?

.....

### **Applicants 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 prior to lodging your application for Senior Housing.

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

**Applicant Two (if applicable)**

Legal Name: .....

Preferred Name: ..... Date of Birth: .....

Current Address: .....

Suburb and City: .....

Post Code: ..... Email: .....

Home phone: ( ) ..... Mobile Phone: .....

Have you been a Hastings District Council tenant before: **Yes / No**

Do you own a pet: **Yes / No** If yes:  Cat  Bird  Fish

Do you have a car: **Yes / No** Registration:.....Make:.....Model:.....

**Criminal Convictions**

Have you been convicted of any criminal charges or do you have any criminal charges pending?  
(Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required to be disclosed)

**Yes / No**

Please give any details

.....  
.....  
.....

**Health Details**

1) Are you sufficiently active to care for yourself? **Yes / No**

If no, who would care for you? .....

2) Do you have help with cleaning, shopping, bathing etc? **Yes / No**

If yes, what sort of help? .....

3) How often do you receive this help?

.....

**Applicants 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 prior to lodging your application for Senior Housing.

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

**3. Next of Kin Details**

*Please note that the person/s listed below will be the point of contact for Council should there be any concerns about your wellbeing. Please provide two.*

**Contact One**

Name: .....  
Address:.....  
Phone: (    ) ..... Mobile Phone: .....  
Relationship to you:.....

**Contact Two**

Name: .....  
Address:.....  
Phone: (    ) ..... Mobile Phone: .....  
Relationship to you:.....

**4. References**

*Please provide details for a previous landlord and a character reference who is not a relative.*

**Landlord Reference**

Name: .....  
Address:.....  
Phone: (    ) ..... Mobile Phone: .....

Office Use: .....  
.....  
.....

**Character Reference**

Name: .....  
Address:.....  
Phone: (    ) ..... Mobile Phone: .....

Office Use: .....  
.....  
.....

**5. Financial Information**

Combine the information if more than one applicant

**Income**

Please give details of income received from all sources.

Benefit Type: .....

Benefit Payment: \$.....per  Week  Fortnight  Month

Salary or Wages: \$.....per  Week  Fortnight  Month

Other Income: \$..... Please state source: .....

Maori Land: **Yes / No** Trustee: **Yes / No**

**Assets**

Please state the value of your total assets, including money and investments. Do not include vehicle, furniture or personal possessions.

Total Assets \$.....

Assets levels affect your eligibility and cannot exceed a maximum of \$40,000 for a single applicant or \$45,000 for couples.

Do you and/or your partner own or have financial interest in any property? **Yes / No**

If yes please provide details .....

.....  
.....  
.....

Have you and/or your partner sold any property within the last 3 years? **Yes / No**

If yes please provide details of the reason for the sale, the amount of the proceeds and what was done with the proceeds. (You may be asked to supply written evidence)

.....  
.....  
.....

**6. Declaration of Applicant/s**

I declare that the information provided, is to the best of my knowledge, true and correct.

*Applicant One Signature*

*Applicant Two Signature*

.....

.....

Date: .....

Date: .....

## **Cautions provided pursuant to the Privacy Act 1993, before applying for a Residential Tenancy**

### **In Terms of the Privacy Act 1993 you are given notice that:**

Requests Information – This application form asks you to provide personal information.

Purpose of Collection – The information is being collected on this form so the landlord can check the information and be able to assess whether you would be the best applicant on merit for a tenancy with Hastings District Council.

Recipient of Information – The intended recipient of this information is Hastings District Council Senior Housing Department.

Sight Information – You have the right to see the information we hold about you and to correct that information if it is incorrect.

Holding Information – If you do not enter a tenancy agreement with Hastings District Council, the application form will be destroyed but if you sign a tenancy agreement with Hastings District Council we will keep a record of the information you give us.

By completing this form you evidence the fact that you are applying for a Senior Housing flat.

You are advised that if you do not supply all the information requested in this form you may not be considered as the best applicant on merit for a specific property or other properties available for rent.

**The information you have provided in applying for a Senior Housing flat may be used for a credit, reference or police check in relation to your application.**

## **SUPPORTING INFORMATION REQUIRED**

### **Type of Identification Provided:**

Photo ID, 1 per applicant     Driver's License                       Passport  
and a copy of                       Community Services / Gold Card

**Bank Statements** – showing the last 4 weeks transactions

**If working** – A supporting letter from Inland Revenue confirming your income for the last financial year.     Payslips                       End of Year Personal Tax Summery

**Independent Living Form** – authorised by the applicant/s and completed by the Doctor

***Have you provided the information for one landlord reference and one character reference?***

***Have you signed the application form?***

## IMPORTANT INFORMATION FOR APPLICANTS

### 1. Eligibility criteria

To qualify for housing, the applicant/s must:

- Be a New Zealand citizen or have New Zealand permanent residency
- Be 55 years of age or over (both applicants in a couple must qualify). However, priority will be given to people over the age of 60.
- Have an annual income of not more than \$29,500 gross for a single person and \$45,000 gross per year for a couple.
- Be receiving a permanent benefit
- Demonstrate the ability to live independently or be receiving sufficient support.
- Have assets valued at less than \$40,000 (single applicant) or \$45,000 (couple). Assets exclude furniture, motor vehicle and personal effects.
- Have a good tenancy history and be of good character verified by two referees.

### 2. Occupancy

Only one tenant is permitted to reside in a single unit.

A maximum of two tenants only are permitted to reside in double units.

### 3. Maintenance

The council maintains the grounds of all complexes.

Flower and vegetable gardens allocated to individual flats are the responsibility of the tenant.

The Council will maintain the buildings and all requests for repairs should be made to the Housing Officer.

### 4. Carparking

The council provides limited car parking at all complexes. Carparks are allocated accordingly. Any additional vehicles and visitors must park outside of the complex. Cars must have a current registration and warrant. ***There is to be no parking on the grass.***

### 5. Furnishings

The Council supplies fixed floor coverings in the lounge, bedroom, kitchen and bathroom. Curtain rails are provided fixed in position. Furnishings, curtains, blinds, television aerials, screen or security doors are not provided by Council and are the responsibility of the tenant/s.

### 6. Animals

The Council will permit the Tenant/s to keep a maximum of either one neutered domestic cat, OR one caged bird, OR aquarium fish as approved in the Hastings District Council Pet Agreement.

## 7. Emergency Assistance

In an event of a Civil Defence Emergency it is expected that people must be able to care for them selves for up to 3 days (food, water, medications, hygiene, evacuation if necessary).

## 8. Request for Information

I understand I may be asked to any stage of my tenancy to update and provide new and current information.

## 9. Community Connections

Are there any local community groups you would like to be connected with?

<i>Enliven</i>	<i>Age Concern INC</i>	<i>Kiwi Seniors</i>
<i>Grey Power</i>	<i>Heretaunga Seniors</i>	<i>Your local Neighbourhood Support Group</i>

## Read and understood the Important information for applicants.

*Applicant One Signature*

.....

Date: .....

*Applicant Two Signature*

.....

Date: .....



**Independent Living Form**

I, .....(Name of applicant)

Give my consent for my Doctor to complete the information requested in the form set-out below which I will submit to Hastings District Council as part of my Senior Housing Application.

Signature: ..... Date: .....

My doctor's name is: ..... Phone: .....

Address: .....

.....

**FOR THE DOCTOR TO COMPLETE**

This applicant has applied for a tenancy in a Council Senior Housing flat. These are in groups of small one bedroom, self-contained flats which require the applicant to have the ability to live independently and in close proximity with a community of senior people.

This information requested will assist the 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 and that they will be able to live harmoniously and in a non-disruptive manner with others living in the Council senior housing complex.

Name of Patient: .....

Date of Birth:.....

Has the patient suffered from / is suffering from: (please give details)

Stroke  Heart disease or conditions  Respiratory disease

Arthritis or osteoporosis  Psychiatric or nervous disorder  Alcoholism

Other - Please provide details:

.....  
.....  
.....  
.....

Please comment on the following:

- 1. Physical and mental condition of the applicant and their eligibility to cope on their own:

.....  
.....

2. Please confirm that the applicant would be able to live harmoniously and in a non-disruptive manner with others living in the Council senior housing complex and not cause disturbances or friction with others:

.....  
 .....

3. Degree of mobility and type of disability (if any):

.....  
 .....

4. Knowledge of any issues that could affect the applicant's ability to live alone like heavy drinking, violent or threatening behaviour towards others:

.....  
 .....

	Current	Needed
District Nurse		
Psychiatric support		
Home care-givers		
Home-help		
Meals on wheels		
Other		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Doctor's Signature..... Date: .....

**Please note that without sufficient details, the application may not be accepted.**

This form is to be returned to the Applicant who will submit to Council as part of their Senior Housing application.

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