



Applications will be considered from those:

- Aged 65 years or older, and
- Receive a pension, benefit or otherwise are on a low income, and
- Have no significant assets.

Applications from those nearing 65 years of age will be considered on a case-by-case basis for a place on the waiting list. All income and assets must be declared.

**1. Applicant(s) details**

1a. Full name    
First name(s) Surname

1b. Date of birth

1c. Postal address (include postcode)

1d. Contact details    
Phone Mobile

1e. Email

1f. Preferred means for formal correspondence  Mail  Email

**2. Name of spouse/partner (if a larger single unit is required)**

2a. Full name    
First name(s) Surname

2b. Date of birth

**3. Current accommodation**

3a. Are you  Renting  In other Council housing  
 Boarding  In emergency accommodation  
 Other (please specify)

3b. How much rent/board are you currently paying?  
 \$

3c. How long have you lived in your current accommodation?

3d. Why is your current accommodation no longer suitable?

Please turn over

**OFFICE USE ONLY**

|               |                             |                              |                      |                                  |                      |
|---------------|-----------------------------|------------------------------|----------------------|----------------------------------|----------------------|
| Date received | <input type="text"/>        | Applicant name ID (1a.)      | <input type="text"/> | First emergency contact ID (5a.) | <input type="text"/> |
| Application # | HFTE / <input type="text"/> | Spouse/partner name ID (2a.) | <input type="text"/> | 2nd emergency contact ID (5b.)   | <input type="text"/> |
| Document #    | <input type="text"/>        |                              |                      | GP ID (5c.)                      | <input type="text"/> |

## 4. Income and assets details

4a. What New Zealand and overseas benefit(s) do you receive?

4b. List below all income, per fortnight, for each applicant

|                                  | Applicant one           | Applicant two (spouse/partner) |
|----------------------------------|-------------------------|--------------------------------|
| i. Benefit amount                | \$ <input type="text"/> | \$ <input type="text"/>        |
| ii. Other income (per fortnight) | \$ <input type="text"/> | \$ <input type="text"/>        |
| iii. Source of other income      | <input type="text"/>    | <input type="text"/>           |

4c. Cash and investments (please state below)

|                                 |                      |
|---------------------------------|----------------------|
| i. Cash on hand and in the bank | <input type="text"/> |
| ii. Investments                 | <input type="text"/> |

4d. Do you and/or your partner own or have financial interest in any property?  Yes  No

If yes, please provide details:

  
  

## 5. Criminal convictions

5a. 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.)

Please provide details:

  
  

## 6. Referees

Please supply us with the name and phone number of your current landlord and one other person who would provide a personal reference. Referees must be unrelated to you and must be someone who has known you for at least 12 months.

|                    |                      |                      |
|--------------------|----------------------|----------------------|
| 6a. Landlord       | <input type="text"/> | <input type="text"/> |
|                    | First name(s)        | Surname              |
| Phone number       | <input type="text"/> |                      |
| 6b. Second referee | <input type="text"/> | <input type="text"/> |
|                    | First name(s)        | Surname              |
| Phone number       | <input type="text"/> |                      |

## 7. Emergency contact details

Please supply the names of two people who could be contacted in an emergency:

7a. Full name

First name(s)

Surname

Date of birth

Address

Contact details

Phone

Mobile

Email

Relationship to you (e.g. next of kin, caregiver)

7b. Full name

First name(s)

Surname

Date of birth

Address

Contact details

Phone

Mobile

Email

Relationship to you (e.g. next of kin, caregiver)

7c. Name of GP

First name(s)

Surname

Contact details

Phone

7d. Are there any special considerations that we should know about, e.g. health or medical conditions/disability?

7e. Are you able to live independently?

Yes

No

If no, please provide details:

Please turn over

## 8. Unit location

Please indicate any preference for a particular block of units. It must be understood that the Council will try to accommodate your preference, but this depends on the availability of units in your preferred location.

- Fitzroy       Vogeltown/Brooklands       Bell Block  
 Glenpark       Waitara       Merrilands  
 Westtown       Marfell       Inglewood  
 No particular preference

Would you consider a bedsit if a single unit is not available?       Yes       No

## 9. Applicant's declaration

### PRIVACY STATEMENT:

Information on this form is to be provided under the Acts, regulations and bylaws administered by the Council and is required to process your application.

The personal information supplied by you in this form will be used only for purposes directly related to your application for a housing for the elderly flat, and will be held in accordance with the provisions of the Privacy Act 1993 and the Local Government Official Information and Meetings Act 1987.

Your personal information will be disclosed only to such agencies/persons as are necessary for the purpose of processing your application (obtaining references, credit and police checks) and will otherwise be kept confidential to the Council so far as permitted by law.

Under the Privacy Act 1993, you have the right to access the personal information held about you by the Council and you can also request that the Council corrects any personal information it holds about you.

I confirm that I have read and understood the privacy statement above and that the information provided on the application form is true and correct.

I do solemnly and sincerely declare that the particulars supplied are correct in every detail and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of applicant

Date

Signature of spouse/partner

Date

Declared at (place where dated and signed) on (date)

Date

Before me (signature)

Name (of Justice of the Peace or other person authorised to take statutory declaration)

Address all correspondence to:

Housing Officer  
New Plymouth District Council  
Private Bag 2025  
New Plymouth 4342