

Community Development Department

Application Form for Retirement Housing

Version: March 2020

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

EVERY application must be accompanied with the following:

- Copy of identification i.e. driver's license or passport
- Proof of contents insurance
- Independent living form (signed by doctor and dated)
- Two references including current landlord
- Income and assets declared
- Declaration signed
- Date of application

1. Applicant/s Details

	Title	First names	Surname	Date of Birth
a)				
b)				
Current Address:				
Contact Phone No:				
Email address:				

Smoker: Yes No

Supply ID: Drivers Licence Passport Other

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 of preference)*.

Greymouth/ Blaketown

Runanga

Dobson

3. Existing Accommodation

Are you:

Renting

Boarding

Living in own home

Other

How much rent/ board do you pay (weekly):

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?

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

Have you lodged an application for housing accommodation with any other agency (e.g. Housing Corp, Welfare Organisation etc.)? If so please state with who you applied and what date.

4. New Zealand Residency

Are you a New Zealand Citizen?

Yes

No

If no, are you permitted to reside in New Zealand Permanently?

Yes

No

If you are not a New Zealand Citizen, but are allowed to reside in New Zealand permanently, please provide a copy of your immigration documents with your application.

5. Criminal Offences

Please indicate whether or not you have been convicted of any criminal offence that is punishable by imprisonment or if 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 offences other than drink driving or convictions that are subject to the Criminal Records (Clean Slate) Act 2004.) If "Yes" please provide details:

I consent to the Grey District Council making enquiries to verify the information in my application including Police checks and credit checks and recognise that all enquiries will be conducted on a confidential basis and that the Grey District Council has the right to maintain the confidentiality of this information.

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 prior to lodging your application for Retirement Housing. 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 village.

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:

Name:		Agency:	
Name:		Agency:	
Name:		Agency:	

8. Next of Kin

Name:	
Address:	
Telephone:	
Relationship to applicant:	

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 other contact: (e.g Solicitor, Public Trust etc.)

9. Gross Income – Per annum

NZ Superannuation	\$	
Other benefit or pension	\$	Type?
Accommodation supplement	\$	
Interest from savings/ investments/ dividends	\$	
Income from a Trust (including a Family Trust)	\$	
Salary/ Wages	\$	
Other income:		Please supply a certificate of earnings from your employer
Total income	\$	

Do you have a Community Services Card?

Yes

No

10. Assets

Combine assets if more than one applicant:

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

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

11. References

Please provide two (2) previous landlord references, or if these are not available, provide two (2) personal character references from a person who is not a family member. **(Name, phone and address)**

1.

2.

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

CONDITIONS AND ELIGIBILITY APPLYING TO GREY DISTRICT COUNCIL HOUSING

1. Eligibility

- a) The primary focus will be to provide housing for older people, i.e. 65 years of age or older.
- b) The secondary focus will be to accept tenants between the ages of 60 and 64 years.
- c) To be eligible for consideration, applicants must:
 - Not have more than \$100,000 in total assets, ie property, in the bank or in investments. The equity in family trusts will be taken into consideration when assessing eligibility;
 - Be a Community Services Card holder OR receiving a permanent benefit;
 - Be able to live independently; and
 - Be compatible with a communal housing environment.

2. 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. Applicants may be required to attend an interview.
3. The acceptance or otherwise of prospective tenants will be undertaken strictly in accordance with this policy.

I/ We (Full names)	
Of (Full address)	
(Nature of occupations)	

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

To be signed in the presence of:

To be signed in the presence of:

Witness:

Witness:

Name:

Name:

Signature:

Signature:

Signature of Declarant:

Signature of Declarant:

Declared at:

Declared at:

this Day of:

this Day of:

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INDEPENDENT LIVING FORM

I, _____ (*name of applicant*)

give my consent for my Doctor/GP to complete the information requested in the form set out below which I will submit to Council as part of my Retirement Housing application.

Signature: _____

Date: _____

My Doctor/GP name is: _____

Doctor/GP phone number: _____

Address of Doctor/GP: _____

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 elderly people.

The information requested 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 and they will be able to live harmoniously and in a non-disruptive manner with others living in the Council retirement unit village.

Name of patient: _____

Date of birth: _____

Ability to live independently: YES NO

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

Stroke:	
Heart disease or conditions:	
Respiratory disease:	
Psychiatric or nervous disorder: <i>(please provide details)</i>	
Arthritis or osteoporosis:	
Diabetes:	
Alcoholism:	
Other: <i>(specify)</i>	

Doctor/GP Signature: _____

Date: _____