



Te Kaunihera-ā-Rohe o Ngāmotu

New Plymouth District Council



FORM

Application for housing for the elderly

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.

Applicant(s) details

Full name

First name(s)

Surname

Date of birth

Postal address (include postcode)

Contact details

Phone

Mobile

Email

Preferred means for formal correspondence

Mail Email

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

Full name

First name(s)

Surname

Date of birth

Current accommodation

Are you

- Renting In other Council housing
 Boarding In emergency accommodation
 Other (please specify)

How much rent/board are you currently paying?

\$

How long have you lived in your current accommodation?

Why is your current accommodation no longer suitable?

Please turn over

OFFICE USE ONLY

Date received

Application #

Document #

Applicant name ID

Spouse/partner name ID

1st emergency contact ID

2nd emergency contact ID

GP ID

Income and assets details

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

List below all income, per fortnight, for each applicant

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

Cash and investments (please state below)

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

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

If yes, please provide details:

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.)

Please provide details:

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.

Landlord	<input type="text"/>	<input type="text"/>
	First name(s)	Surname
Phone number	<input type="text"/>	
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. daughter, son, caregiver)

7b. Full name

First name(s)

Surname

Date of birth

Address

Contact details

Phone

Mobile

Email

Relationship to you (e.g. daughter, son, caregiver)

7c. Name of GP

First name(s)

Surname

Contact details /
Name of Practice

Phone / Name of Practice

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

8a. Please rank the order of your preference for a particular block of units, (number from 1 to 9) with number 1. being your most preferred.

NPDC will try to accommodate your preference, but this depends on the availability of units in your preferred location.

<input type="checkbox"/>	Fitzroy	<input type="checkbox"/>	Vogeltown/Brooklands	<input type="checkbox"/>	Bell Block
<input type="checkbox"/>	Glenpark	<input type="checkbox"/>	Waitara	<input type="checkbox"/>	Merrilands
<input type="checkbox"/>	Westown	<input type="checkbox"/>	Marfell	<input type="checkbox"/>	Inglewood

8b. If you have no particular preference, please indicate here No particular preference

8c. Would you consider a bedsit if a single unit is not available? Yes No

9. Applicant's Declaration and Privacy Statement

PRIVACY STATEMENT:

Information on this form is to be provided under the Acts, regulations and bylaws administered by New Plymouth District Council (NPDC) 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 2020 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 NPDC so far as permitted by law.

Under the Privacy Act 2020, you have the right to access the personal information held about you by NPDC and you can also request that NPDC corrects any personal information it holds about you.

DECLARATION:

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)

Place

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 4340