

Application for Elderly Persons Housing



1. Personal Details

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

a. Applicant One

Legal Name: _____ first name _____ middle name _____ surname _____

Preferred name: _____

Address: _____

_____ Postcode: _____

Phone number: _____ Mobile: _____

Email Address: _____ Date of birth: _____

Have you been a Matamata-Piako District tenant before? **Yes / No**

Do you smoke? **Yes / No**

Name of your next of kin: _____

Your relationship with him/her: _____

Next of kin's address: _____

_____ Postcode: _____

Phone number: _____ Mobile phone _____

Email address: _____

b. Applicant Two

Legal Name: _____ first name _____ middle name _____ surname _____

Preferred name: _____

Address: _____

_____ Postcode: _____

Phone number: _____ Mobile: _____

Email Address: _____ Date of birth: _____

Have you been a Matamata-Piako District tenant before? **Yes / No**

Do you smoke? **Yes / No**

Name of your next of kin: _____

Your relationship with him/her: _____

Next of kin's address: _____

_____ Postcode: _____

Phone number: _____ Mobile phone _____

Email address: _____

2. Current Accommodation Details

Who owns the property you currently live in? _____

What is their address? _____
_____ Postcode: _____

Where would you like to live? (please circle) Matamata / Morrinsville / Te Aroha

Please supply a written reference from your current or last landlord (YOUR REFFEREE MAY BE CONTACTED FOR A VERBAL CHARACTER REFERENCE AND A CREDIT CHECK)

3. Health Details

a. Applicant One

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

If no, who would care for you? _____

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

If yes, what sort of help? _____

How often do you receive this help? _____

iii. Doctor's name: _____ Doctor's phone No.: _____

Doctor's address: _____

b. Applicant Two

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

If no, who would care for you? _____

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

If yes, what sort of help? _____

How often do you receive this help? _____

iii. Doctor's name: _____ Doctor's phone No.: _____

Doctor's address: _____

4. Financial Details

Please give details of income received from all sources

a. Benefit type: _____

Benefit payment: \$_____per Week Fortnight Month

b. Salary or wages: \$_____per Week Fortnight Month

c. Other income: \$_____ Please state source: _____

d. Do you own a car, boat, mobility scooter etc? **Yes / No**

If yes, please give details: _____

e. Do you own any property? **Yes / No**

If yes, please complete the following details.

Address: _____



Occupier's name: _____

Type of property: _____

Income derived: _____ Capital value: _____

- f.** Have you (or your spouse) sold or otherwise disposed of any house/property within the last five years? **Yes / No**

If yes, please state the net amount of the sale: \$ _____

- g.** Please give details of any cash and investments you have

At bank: \$ _____ Stocks: \$ _____

Total cash: \$ _____ Shares: \$ _____

Other: \$ _____ Total investments: \$ _____

5. 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 details of any criminal convictions;

General Details

Please use the space below for any additional information that may be helpful to us when considering your application (attach another sheet if necessary). _____

Note to all applicants: If your circumstances change and you no longer require a unit please advise Customer Services. The information given in this form is strictly confidential and will be listed and filed for future reference.

6. Declaration

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

Signature of Applicant One: _____ Date: _____

Signature of Applicant Two: _____ Date: _____