

Application for Own Your Own Elderly Persons Housing



1. Personal Details

Every person that is applying for housing needs to provide their details below.

Applicant One

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

Preferred name: _____

Address: _____

Phone number: _____ Date of birth: _____

Mobile: _____ Email Address: _____

Name of your next of kin: _____

Your relationship with him/her: _____

Next of kin's address: _____

Next of kin's phone number: _____

Applicant Two

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

Preferred name: _____

Address: _____

Phone number: _____ Date of birth: _____

Mobile: _____ Email Address: _____

Name of your next of kin: _____

Your relationship with him/her: _____

Next of kin's address: _____

Next of kin's phone number: _____

Please advise the number of people that would be living at the property _____

2. Current Accommodation Details

Length of time at current address: _____ month/s _____ year/s

Do you own the property? **Yes / No**

If yes, what size is your home? Number of bedrooms _____

If yes, would you be required to sell your current property in order to purchase an "own your own unit", if one became available? **Yes / No**

Which town would you like to live in (*please circle one*): Morrinsville / Te Aroha

3. Health Details

If you have special needs due to health issues, please detail these below. Also, if you have a health concern that you would like Council to know about for your safety, please detail below.

General state of health (please circle one): _____ Good / Reasonable / Bad

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

Doctor's address: _____

Details: _____

4. Special Requirements

Do you require a lockable garage **Yes / No**

Do you require a carport **Yes / No**

Please advise of any specific requirements that are essential for you in the unit: (please be aware that some requirements may limit the number of properties available to you): _____

5. General Details

Please state the urgency of your application: _____

Do you have any pets **Yes / No**

If yes, Please supply all the details of your pets (type, breed, age, amount)

Please inform us of any additional information that will be helpful to us when considering your application (attach another page if necessary): _____

Note to all applicants: If your circumstances change and you no longer require a unit please advise Customer Services as soon as possible.

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: _____

Office Use Only (Property Department to complete)

Notes:

Added to Waiting List:

Staff Member:

Date: