

APPLICATION FOR TENANCY OF HOUSING UNIT FOR THE ELDERLY



Please complete this form to apply for a tenancy of a Council property. The information you provide is for applying for a tenancy and may be used for a credit and reference check.

Your privacy is protected under the Privacy Act 1993.

The completion of this application form does not constitute any commitment from Council to enter into, grant a right of occupation, or offer a tenancy to the applicant.

APPLICANT(S) - (PLEASE PRINT)

1. Full Name of Applicant/s

Mr/Mrs/Miss/Ms (cross out whichever does not apply)

First Name/s: _____

First Name/s: _____

Surname: _____

2. Date of Birth

Name: _____

Day

Month

Year

_____/_____/_____
_____/_____/_____

3. Current Address (Present Accommodation)

Street Number: _____

Street Name: _____

Town: _____

Telephone: _____

Cell Phone: _____

e-mail address: _____

4. Present Accommodation:

(i) Do you rent or live in your own home? _____

(ii) Length of time in present premises: _____ years _____ months

(iii) Please state why you are leaving this address: _____

5. If renting:

(i) Name and address of your current landlord:

Name: _____
Address: _____
Town: _____
Telephone: _____
Cell Phone: _____
e-mail Address: _____

6. References

Please provide two referees that can be contacted. Referees can be a friend, co-worker, your employer or someone who knows you well but **is not** a family member.

One of your referees should be able to provide a reference about your creditworthiness. If you have already provided your current landlord's details, only one additional referee is needed. Please let these people know they may be contacted for a reference.

Referee name 1:	_____	Referee name 2:	_____
Address:	_____	Address:	_____
Phone number:	_____	Phone number:	_____
Cell Phone:	_____	Cell Phone:	_____
e-mail Address:	_____	e-mail Address:	_____

7. Property Owned:

- (i) Do you own property other than your present accommodation? **Yes/No**
- (ii) Address of such property(ies): _____
- (iii) If you are **not** the occupant, please state why: _____

8. Identification

Please provide photo identification, such as your driver's licence (preferred) or passport. A photocopy of your identification is to be attached to the application.

Driver's licence number: 5a _____ 5b _____
Passport number: _____
Alternative form of identification: _____

9. Community Services Card/ Gold Card

Please provide a colour photocopy of the front and back of your Community Services/Gold Card and attach to your application.

10. Medical

Are you able to look after yourself? **Yes/No**

If **“No”** or in need of assistance please provide details:

Please provide the name and the contact details of the agency that provides this assistance:

Doctors Name: _____
Address: _____
Town: _____
Telephone: _____

A recent confidential medical certificate pertaining to your health and ability to independently care for yourself *may* be required to be supplied by your doctor.

11. Next of Kin

Name: _____
Relationship to Applicant/s: _____
Address: _____
Town: _____
e-mail address: _____
Telephone: _____
Cell phone: _____

Have you granted power of attorney for your affairs to anyone? **Yes/No**

If “Yes” please state who:

Name: _____
Address: _____
Town: _____
e-mail address: _____
Telephone: _____
Cell phone: _____

12. Reason for Applying for an Elderly Persons Unit

13. Location

The Council has elderly persons' rental housing units in Alexandra, Clyde, Cromwell, Ranfurly and Roxburgh.

Please indicate, in order of priority, which town you would prefer?

14. Do you smoke? Yes / No

Note: All Central Otago District Council buildings including the rental units are smoke-free.

15. Do you have a pet/s? Yes / No

Note: Council has a no pet policy regarding its rental units.

16. Do you own a vehicle? Yes / No

Note: Where on-site parking is available it is limited to one vehicle per tenant. There is no onsite parking for motorhomes, caravans, trailers or boats.

17. Tenant Declaration (to be completed by the applicant/s).

I authorise the Landlord to:

- collect, retain and use this information for the purpose of assessing my creditworthiness and suitability for the tenancy; and
- disclose information about me, whether collected from me directly or from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit report (which will involve the credit reporting agency providing information about me to the Landlord).

I understand that the credit reporting agency:

- may hold my information on their credit reporting database and use it for providing credit reporting services, and they may disclose my information to their subscribers for the purpose of credit checking or debt collection; and
- as part of providing a credit report, may check the Ministry of Justice fines database for any overdue fines I may have.

Under the Privacy Act 1993, you have the right to ask for a copy of all information held about you and have the right to request the correction of any incorrect information.

18. Applications will be retained by Council. If the application is approved and a unit is offered, the applicant/s will be required to enter into a Tenancy Agreement pursuant to section 13 of the Residential Tenancies Act 1986 with the Landlord.

(signature)

(signature)

(signature)

(signature)

Date: _____

Date: _____