

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 or grant a right of occupation 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. Current Address

Street Number: _____

Street Name: _____

Town: _____

Telephone: _____

Cell Phone _____

e-mail address _____

3. Date of Birth

Name: _____

Day

Month

Year

_____/_____/_____
_____/_____/_____

4. Identification

Please provide photo identification, such as your drivers licence (preferred) or passport. A photo copy of your identification is to be attached to the application.

Driver's licence number: 5a _____ 5b _____

Passport number: _____

Alternative form of identification: _____

5. Community Services Card/ Gold Card

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

6. 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: _____

7. Medical Certificate

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

8. Present Accommodation:

- (i) Do you rent or live in your own home? _____
- (ii) Length of time in present premises: _____ years _____ months
- (iii) Physical address where you currently or were last residing at if different from question 2

Street Number: _____
Street Name: _____
Town: _____
Telephone: _____
Cell Phone: _____
e-mail address: _____

9. If renting:

(i) Name and address of landlord:

Name: _____
Address: _____
Town: _____
Telephone: _____
Cell Phone: _____
Email Address: _____

(ii) What is the weekly rent / board? _____

10. References

Please provide two referees that can be contacted. Referees can be a friend, co-worker, your employer or someone who knows you well.

One of your referees should be able to provide a reference about your credit worthiness. 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:	_____
Email address:	_____	Email address:	_____

11. 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: _____

12. Income

(i) What is your main income source? Benefit Pension Other

(ii) If you are receiving an income from other sources what are they?

(iii) If you are receiving an income from an employer, please supply details

Name of Employer: _____
Address: _____
Telephone: _____
Cell Phone _____
Email address _____

Please circle the range of your total annual income from all sources:

\$0 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000
\$40,001 - \$50,000 over \$50,001

13. 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: _____

14. Reason for Applying for an Elderly Persons Unit

15. 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?

16. Do you Smoke? Yes / No

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

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

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

18. Do you own a vehicle? Yes / No

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

I authorise the Landlord/Property Manager to:

- Collect, retain and use this information for the purpose of assessing my/our creditworthiness; and
- Disclose information about me/us, whether collected from me/us directly or from any other source, to any other credit provider or any reporting agency for the purposes of providing or obtaining a credit reference.

I/We make this declaration that the particulars supplied above are true and correct.

(signature)

(signature)

(signature)

(signature)

Date: _____

Date: _____

Witness signature: _____

Name: _____

Address: _____

Phone number: _____

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.

If the application is approved 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.