

Application for Pensioner Housing

The selection of tenants will be based on an assessment of the following criteria:

- Personal health and mobility
- Present Housing Situation
- Ability to care for themselves
- Age
- Marital Status
- Personal financial situation
- Waiting list position
- Residency in the district

All information supplied in this application will be treated in strict confidence.

When fully completed, together with any additional information which the applicant(s) may wish to submit, the application should be forwarded to:

The Community Facilities Manager Services
Mackenzie District Council
PO Box 52
FAIRLIE

info@mackenzie.govt.nz

Where a couple is applying, names of both applicants must be given.

1. Applicant name (s)

Applicant 1

Surname	
First Names	
Date of Birth	
Length of Residence in the Mackenzie District If not a rate payer a referee will be required.	

Applicant 2

Surname	
First Names	
Date of Birth	
Length of Residence in the Mackenzie District If not a rate payer a referee will be required.	

2. Address

Street	
Town	
Post Code	

3. Contact

Home phone	
Business phone	
Email address	

4. Marital Status

- Single Married Widow Widower
- In a civil union In a relationship Living apart separated.

5. Are you able to care for yourself?

- Yes No (If no please could you provide details of health or mobility issues.)

6. Present Accommodation

Do you occupy one of the following (please tick the box which applies)

- Whole House Flat Home Unit Boarding

Are these premises rented? Yes No

If YES, please state name and address of landlord:

Telephone:	
Weekly RENTAL \$	
Are you the sole occupant(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Do you own any property?

Yes (Please give the details below) No

Location of this property:

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First Mortgage \$	
Other Mortgage \$	
Ground Lease \$	
House Insurance \$ Yearly / monthly / weekly	
Rates \$	
What was the total cost of essential repairs and maintenance in the last 12 months?	

8. Emergency Contact

Please provide the details of a person the Council can contact in an emergency.

Name	
Address	
Telephone number	
Email address	
Relationship to you	

9. Solicitor details

Name	
Address	
Telephone number	
Email address	

10. Do you own a motor vehicle or mobility scooter?

Yes (*Please give the details below*) No

Details:

11. Do you have any assets over \$100,000?

(cash assets, shares, Bonus bonds, money in the bank, money lent out)

Yes *(Please give the details below)* No

12. Do you have any other income other than National Superannuation.

Yes *(Please give the details below)* No

If so what would this yearly income be?

13. Reason for applying for a “Housing for the Elderly” unit:

14. Please state in order of preference, the area where you would prefer to live:

- Fairlie 1st or 2nd preference _____
- Twizel 1st or 2nd preference _____

15. Consent under the Privacy Act 1993

The Mackenzie District Council requires your consent to collect personal information to assist the assessment of the applicants' suitability for housing for the elderly.

The Mackenzie District Council will hold the information requested securely. The Council is unable to assess your suitability if the authorisation section is not signed. You have the right of access to, and if necessary correction of, any of the personal information provided.

I / We authorise an officer of the Mackenzie District Council to contact my / our solicitor and / or my doctor for any necessary further information.

- **Signature of Applicant One:** _____
- **Signature of Applicant Two:** _____

16. Declaration

I / We, _____
of _____

do solemnly and sincerely declare that the particulars supplied are correct in every detail; and I / We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at _____
this day _____ of _____ 20 _____

Signed by Declarants:

Declarant 1 _____

Declarant 2 _____

Before Me: (Justice of the Peace or other person authorised to take statutory declaration or Authorised Officer)

Name _____

Signature _____