

Application for Community Housing unit



Waitaki

DISTRICT COUNCIL
TE KAUNIHERA Ā ROHE O WAITAKI

Growing strong communities.

Application Date

Personal Information:

Full Name (1)

(Please provide first, middle and last names)

Date of birth:

Full name (2)

(Please provide first, middle and last names)

Date of birth:

Current Address:

Phone:

Lived there since:

Reason for leaving :

Do you have Dependents living with you?

Do you own pets?

If yes, brief details:

Please indicate the Eligibility Category you fall under (see pg.3 re Eligibility Criteria Categories)

Do you smoke?

Please note all units are smoke free

Own a vehicle?

Rego:

Make/Model:

Drivers Licence Number:

Passport number:

(Please attach photo identification)

Accommodation details:

Past addresses of residence: (Please provide past address details for the last five years.)

Address:

From:

To:

Address:

From:

To:

Do you or anyone living with you own or part own any property in New Zealand or overseas?

If not, who is your current Landlord?

May I contact this person for a reference?

Landlord's Address:

Details of present accommodation:

Reason for Application:

Do you currently, or previously lived in a property owned by Council?

If yes, please provide brief details:



References

Please provide two written references. 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 creditworthiness. If you have already provided your current landlord's details, only one additional referee is needed. Please let these people know I may be contacting them for a reference

Reference 1: Phone: Email:

Reference 2: Phone: Email:

I authorise the Landlord/Property Manager to:

Collect relevant Criminal Record Check and Credit Report checks if I am selected as a preferred Tenant

Please sign to authorise -

Privacy Act – Disclosure and Consent

The information that you have supplied is being collected and will be held by Waitaki District Council of 20 Thames Street, Oamaru. The information is being collected for the sole purpose of allowing your application to Waitaki District Council for housing to be assessed and progressed and will be disposed of after 2 years if unsuccessful.

You are not obliged to provide all the information requested above but the more information provided will assist in progressing your application into a preferred tenant. Under the Privacy Act 2020, 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.

General Practitioner

Doctors Name: Phone: Practice:

Do you receive/require any assistance from a support agency?

If yes, brief details:

Next of Kin

Name: Phone:

Address: Email:

Declaration:

I declare the above information is true and correct. I acknowledge and accept Council's requirements that applicants must be able to care for themselves and tenants are expected to contribute positively to the close community environment the units foster. I have attached personal references from two persons, other than relatives, who have known me for at least two years and proof of identification. I accept Council has the sole right to determine my suitability for a unit and I agree to provide further details if requested.

Signature:

Date:

Tick the main locations where you require a Community Housing Unit

Oamaru

Hampden

Palmerston

If your preference is Oamaru please select all locations you would consider

College Street

Dacre Street

Exe Street

Reed Street

Swale Street

Usk Street

Please advise if your circumstances change as this may increase your chances of obtaining a unit, in line with Councils current policies. Applications are only valid for two years from application date, after which you will need to reapply. A bond equal to two weeks rent is required at commencement of tenancy. Bond will be lodged with Tenancy Services.

Eligibility Criteria Categories

“**Category A**” applicants are those aged over 60 years on a permanent benefit who possess less than \$20,000 in total assets for a single person, \$30,000 for a couple, not including a car.

“**Category B**” applicants are those aged over 60 years on a permanent benefit with assets exceeding the permissible amount for Category A applicants and who have been assessed as having a specific need for community housing.

“**Category C**” applicants are those on a permanent sickness or invalids benefit, under 60 years of age and possess less than \$20,000 in total assets and who have been assessed as having a specific need for community housing.

“**Category D**” applicants are classified as being all other applicants who have been assessed as having a specific need for community housing.

