

Applicant 1 Details   Full Name   Date of Birth   Dib   MM   YYYY   Email Address <b>Applicant 2 Details</b> Full Name   Date of Birth   Dib   MM   YYYY <b>Futher Details</b> Address <b>Futher Details</b> Address   Postcode   Phone Number   Have you lived in a WDC housing unit before?   Westame and was the address?   Address   No   If yes, what was the address?   Address   Op You Stock?   Yes   West are solow?   Yes   West are solow?   Yes   West are solow?   Yes   No   Current Circumster   Are you   Metting in own home   Boarding   It wing in own home   Boarding   It wed there since					
Date of Birth D   Email Address     Applicant 2 D     Full Name   Date of Birth   D   D   D   MM   Y   Y       Further Details      Address	Applicant 1 Details				
Email Address   Supplicant 2 Details   Fuil Name   Date of Birth   D D MM YYYY   Further Details   Address   Address   Postcode   Phone Number   Have you lived in a WDC housing unit before?   Yes   No   If yes, what was the address?   Address   Yes   No   Do You Smoke?   Yes (elease note that smoking is permitted outside only)   Steet one option?   Yes (elease note that smoking is permitted outside only)   No   Do you have any eption?   Yes (elease note that smoking is permitted outside only)   No   Do you have any eption?   Yes (elease note that smoking is permitted outside only)   No   Do you have any eption?   Yes (elease note that smoking is permitted outside only)   No   Do you have any eption?   Yes (elease note that smoking is permitted outside only)   No   Do you have any eption?   Yes (elease note that Smoking is permitted outside only)   No   Do you have any eption?   No   Current Circumstances   Address   Boarding   In emergency accommodation	Full Name				
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Date of Birth Dimension     Further Details     Address     Address     Town/City   Postcode Phone Number Have you lived in a WDC housing unit before?          (a) Yes         (bete concerption)					
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(Select one option) Yes   No If yes, what was the address?   Address	Phone Number				
<ul> <li>Yes</li> <li>No</li> <li>If yes, what was the address?</li> <li>Address</li> <li>Address</li> <li>Town/City</li> <li>Postcode</li> <li>Do You Smoke?</li> <li>Yes (Please note that smoking is permitted outside only)</li> <li>Select one option</li> <li>Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)</li> <li>No</li> </ul> Do you have any dependants living with you? <ul> <li>Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)</li> <li>No</li> </ul> Do you have any dependants living with you? <ul> <li>Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)</li> <li>No</li> </ul> Dure Use the transmission of the transmission o		a WDC housing unit before?			
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Town/City Postcode   Do You Smoke? Yes (Please note that smoking is permitted outside only)   (select one option) No   Do you have any dependants living with you?   (select one option)   Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)   No   Current Circumstances   Are you   (select one option)   Select one option)   Renting   Boarding   No   Living in own home   Other		le address?			
Do You Smoke? Yes   (Select one option) No   No No   Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits) No Current Circumstances   Are you Renting   (Select one option) Renting   (Select one option) In emergency accommodation   Other	Address				
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(Select one option)       Yes       (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)         No       No	(Select one option)	No			
<ul> <li>Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)</li> <li>No</li> </ul> Current Circumstances       Are you     Renting     Living in own home       (select one option)     Boarding     In emergency accommodation		lependants living with you?			
Are you (Select one option)       Renting       Living in own home         Boarding       In emergency accommodation         Other       Other	· · · ·	Yes (Please note that WDC has only one two-bedroom unit, all other units are one bedroom or bedsits)			
Are you (Select one option)       Renting       Living in own home         Boarding       In emergency accommodation         Other       Other		No			
Are you (Select one option)       Renting       Living in own home         Boarding       In emergency accommodation         Other       Other					
(Select one option) Boarding Other Other	Current Circun	hstances			
Boarding     In emergency accommodation       Other     In emergency accommodation		Renting     Living in own home			
		Boarding     In emergency accommodation			
Lived there since		Other			
	Lived there since				



Current Circumstances Continued	
How much rent/board do you pay per week?	
\$	
Is there a time limit as to when you need to move	from your current accommodation?
(Select one option) Yes	
No	
If yes, when do you need to have left your current	accommodation?
DD MM YYYY	
Why do you need to move from your current acco	nmodation?
If you are offered a WDC housing unit, do you nee	d to give notice to your landlord?
(Select one option) Yes	Ç Ç
Νο	
If yes, how much notice?	
Do you have any pets? (Select one option)	
Yes	
No	
If yes, please let us know what type and how many	you have?
Income and Assets Details	
Do you receive any New Zealand and/or overseas	benefit(s)?
(Select one option) Yes	
Νο	
If yes, which New Zealand and/or overseas benefit	(s) do you receive?
Benefit Amount \$ (Please	give before tax amount)
List below all income, per fortnight	
	give before tax amount)
Source	
	give before tax amount)
Source	

# Community Housing Unit Application Waitaki



Income and As	sets Details (Second	Appli	cant)			
Do you receive any New Zealand and/or overseas benefit(s)? (Select one option) Yes No						
If yes, which New 2	Zealand and/or overseas	benefit(s	s) do you receive?			
Benefit Amount	\$	(Please g	ive before tax amount)			
List below all inco	ome, per fortnight					
Income	\$	(Please g	ive before tax amount)			
Source						
Other Income	\$	(Please g	ive before tax amount)			
Source						
1st Bank Account (or Investment/Kiwisaver) 2nd Bank Account (or Investment/Kiwisaver) 3rd Bank Account (or Investment/Kiwisaver)	and Investments ond Applicant own or hav Yes No	ve financ	Current Balance Current Balance Current Balance cial interest in any p	\$ \$ \$ property?		
lf yes, please provi						
Eligibility Categ	gory					
Please indicate the Eligibility Category you fall under						
	<ul><li>Category A</li><li>Category B</li></ul>		Category C Category D			
	s are those aged over 60 years o			ess less than \$20,000 in total assets		
for a single person, \$30,000 for a couple, not including a car. " <b>Category B</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.



<b>Criminal Offenc</b>	es
	her or not you have been convicted of any criminal offence or if you have any criminal ot include traffic offenses other than drunk driving, or convictions that are subject to the Criminal Records (Clean Slate) Act 2004). Yes No
lf yes, please provid	
l consent to the WD0 Ministry of Justice an	
	I consent
Criminal Offenc	es (Second Applicant)
	her or not you have been convicted of any criminal offence or if you have any criminal ot include traffic offenses other than drunk driving, or convictions that are subject to the Criminal Records (Clean Slate) Act 2004). Yes No
lf yes, please provid	le details
l consent to the WDO Ministry of Justice an	C making enquiries to verify the information in my application, this may include nd credit checks
	l consent
Emergency and	Support Contacts
Next of Kin	
Name	
Address	

Town/City	Postcode
Telephone	Mobile
Email	Relationship
Doctor	
<b>Doctor</b> Doctor Name	

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# Support Agency Do you receive/require any assistance from a support agency? (Select one option) Yes Yes If yes, brief details Contact Name Telephone Agency Name

### Referees

Please supply us with the name and phone number of your current or recent landlord and one other person who would provide a personal reference. Referees must be unrelated to you and must be someone who has known you for at least 12 months.

# First RefereeFull NameTelephoneSecond RefereeFull NameTelephoneImailSecond RefereeFull NameFull Name<tr

### **Applicant's Declaration and Privacy Statement**

### **PRIVACY STATEMENT:**

Information on this form is to be provided under the Acts, regulations and bylaws administered by Waitaki District Council (WDC) and is required to process your application. The personal information supplied by you in this form will be used only for purposes directly related to your application for a community housing unit, and will be held in accordance with the provisions of the Privacy Act 2020 and the Local Government Official Information and Meetings Act 1987. Your personal information will be disclosed only to such agencies/persons as are necessary for the purpose

Your personal information will be disclosed only to such agencies/persons as are necessary for the purpose of processing your application (obtaining references, credit and Police checks) and will otherwise be kept confidential to WDC so far as permitted by law.

Under the Privacy Act 2020, you have the right to access the personal information held about you by WDC and you can also request that WDC corrects any personal information it holds about you.

### **DECLARATION:**

I confirm that I have read and understood the privacy statement above and that the information provided on the application form is true and correct.

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

ACL 1997.		
Signature	Date	D D M M Y Y Y Y
Second Applicant		
Signature	Date	D D MM Y Y Y Y

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# Community Housing Unit Application Waitaki



### Proof Type **Drivers License** (Select one option) Photographic GoldCard Passport **Birth Certificate** Other Tick the main locations where you require a Community Housing Unit (Select multiple options) Ōamaru Hampden Palmerston If one of your selections was Ōamaru, please select all Ōamaru locations you would consider (Select one option) **College Street Exe Street** Dacre Street **Reed Street** Swale Street Usk Street