

Community Housing Unit Application



Applicant 1 Details

Full Name

Date of Birth

Email Address

Applicant 2 Details

Full Name

Date of Birth

Further Details

Address

Town/City

Postcode

Phone Number

Have you lived in a WDC housing unit before?

(Select one option)

Yes

No

If yes, what was the address?

Address

Town/City

Postcode

Do You Smoke?

(Select one option)

Yes (Please note that smoking is permitted outside only)

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)

Renting

Living in own home

Boarding

In emergency accommodation

Other

Lived there since

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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?

Why do you need to move from your current accommodation?

If you are offered a WDC housing unit, do you need to give notice to your landlord?

(Select one option)

- Yes
 No

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
 No

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

Income \$ (Please give before tax amount)

Source

Other Income \$ (Please give before tax amount)

Source

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Income and Assets Details (Second Applicant)

Do you receive any New Zealand and/or overseas benefit(s)?

(Select one option)

- Yes
 No

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

Income \$ (Please give before tax amount)

Source

Other Income \$ (Please give before tax amount)

Source

Bank Accounts and Investments

1st Bank Account

(or Investment/Kiwisaver)

Current Balance

\$

2nd Bank Account

(or Investment/Kiwisaver)

Current Balance

\$

3rd Bank Account

(or Investment/Kiwisaver)

Current Balance

\$

Do you and/or Second Applicant own or have financial interest in any property?

(Select one option)

- Yes
 No

If yes, please provide details

Eligibility Category

Please indicate the Eligibility Category you fall under

(Select one option)

- Category A Category C
 Category B Category D

“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.

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Criminal Offences

Please indicate whether or not you have been convicted of any criminal offence or if you have any criminal charges pending (do not include traffic offenses other than drunk driving, or convictions that are subject to the Criminal Records (Clean Slate) Act 2004). (Select one option)

Yes

No

If yes, please provide details

I consent to the WDC making enquiries to verify the information in my application, this may include Ministry of Justice and credit checks

I consent

Criminal Offences (Second Applicant)

Please indicate whether or not you have been convicted of any criminal offence or if you have any criminal charges pending (do not include traffic offenses other than drunk driving, or convictions that are subject to the Criminal Records (Clean Slate) Act 2004). (Select one option)

Yes

No

If yes, please provide details

I consent to the WDC making enquiries to verify the information in my application, this may include Ministry of Justice and credit checks

I consent

Emergency and Support Contacts

Next of Kin

Name

Address

Town/City

Postcode

Telephone

Mobile

Email

Relationship

Doctor

Doctor Name

Telephone

Medical Center

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Emergency and Support Contacts Continued

Support Agency

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

(Select one option)

Yes No

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 Referee

Full Name

Telephone

Email

Second Referee

Full Name

Telephone

Email

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 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.

Signature

Date

Second Applicant

Signature

Date

Proof of Identity

Proof Type
(Select one option)

- Drivers License
- Photographic GoldCard
- Passport
- Birth Certificate
- Other

Unit Location

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)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> College Street | <input type="checkbox"/> Exe Street |
| <input type="checkbox"/> Dacre Street | <input type="checkbox"/> Reed Street |
| <input type="checkbox"/> Swale Street | <input type="checkbox"/> Usk Street |