



APPLICATION FOR TENANCY IN A COUNCIL ELDERLY PERSONS UNIT

(Please note: *This form must be answered in full*)

Surname: _____ Date of Birth: _____

Christian Names: _____

Contact Phone Number: _____

Present Address: _____

Length of Residence at Present Address: _____

Status of Residence: Own Home / Rented / Living with Relations

Marital Status: Single / Married / Widowed / Divorced / Separated

Length of Residence in Waihi / Paeroa / Hauraki Plains: _____

Name of Next of Kin _____

Address & Phone Number of Next of Kin: _____

If Present Address Rented – Landlord's Address: _____

Comments on Suitability of Present Living Conditions: _____

Comments on Present State of Health: _____

Doctor's Name: _____

Give Reason Why You Are Applying For A Flat In Waihi/Paeroa/Ngatea: _____

FINANCIAL STATUS

Present Income:

- (i) Benefit or Pension (state type and number) \$ _____ p/annum
- (ii) Interest, Dividends from Investments (state) \$ _____ p/annum
- (iii) Other sources of income \$ _____ p/annum

TOTAL \$ _____ CONT'D

Present Outgoings:

- (i) Rent/Rates (delete whichever) \$ _____ p.a./weekly
- (ii) Insurance – Contents/House \$ _____ p.a.
- (iii) Trade Debts \$ _____
- (iv) Other \$ _____

TOTAL \$ _____

Current Assets:

- (i) Cash In Hand and/or Bank \$ _____
- (ii) Investments/Shares/Bonds/Debentures \$ _____
- (iii) House and Land (Latest Govt Valuation) \$ _____
- (iv) Live Insurance Policies (Surrender Value) \$ _____
- (v) Furniture \$ _____
- (vi) Car \$ _____
- (vii) Other (state) \$ _____

TOTAL \$ _____

Give details of any property sold within the last three years and amounts realised:

NOTE TO APPLICANT:

The Hauraki District Council selects tenants for Pensioner Flats through a Sub-Committee process, and appoints flats to the most deserving application on file at the time. It does not rank applications in order of when application was made.

In order to give the Sub-Committee as much information as possible to help them in their deliberations we invite regular written notes from the applicant or doctor keeping is up to date with your present circumstances. ALL INFORMATION GIVEN IS CONFIDENTIAL TO COUNCIL.

STATUTORY DECLARATION

I, (full name) _____

Of, (address in full) _____

do hereby solemnly and sincerely declare that the information supplied in the foregoing is to the best of my knowledge true and correct in every particular and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

DATED at _____ this _____ day of _____ 20 _____

Witnessed by: Justice of the Peace _____

Signature of Declarant _____