WAIMAKARIRI
DISTRICT COUNCIL

File CPR-04-06-01

INITIAL ENQUIRY FORM – HOUSING FOR THE ELDERLY

SECTION ONE (Please Complete)	
Applicant 1	**Applicant 2** (if you are a couple)
Title: Mr Mrs or Ms (Please circle one)	Title: Mr Mrs or Ms (Please circle one)
Name: Date of Birth Place of Birth	Name: Date of Birth: Place of Birth:
SECTION TWO (Please Complete)	
Address: Home Phone No: Mobile Phone No:	Preferred "area of choice", Kaiapoi, Oxford, Rangiora or Woodend (Doubles units only in Woodend) 1st Choice: 2nd Choice:
Emergency Contact's Name: Address: Home Phone No: Work Phone No or Mobile: Relationship to you:	Doctors Name: Doctor's Address: Phone Number: Have you supplied a Doctor's Letter in support of your application?
Source of Income: Total Income (including partners if applicable):	Do you (or your partner if applicable) have a disability that requires special housing needs? Yes/No
Why do you need to leave your current accommodation & how long can you stay there?	What is your current form of accommodation? & How much rent are you currently paying?
What if anything about your current accommodation puts your (or your partner's) personal health and safety at risk?	Have you applied for Council or Housing NZ accommodation elsewhere, if so please state where

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SECTION THREE (Please Complete)		
ASSET CHECKLIST		
Main Sources of Income	**Applicant One**	**Applicant Two** (If Applicable)
Sickness or Invalids Benefit		
NZ Superannuation		
Salary/Wages		
ACC		
Other Sources of income		
TOTAL		
Assets:- Savings & Investments	**Applicant One**	**Applicant Two** (If Applicable)
Money in the Bank		
Bonus Bonds, Securities, Bonds		
Shares in public listed and private companies		
Loans to other People		
Investments in other assets (holiday homes etc)		
Any other investments		
TOTAL		
Other Assets	**Applicant One**	**Applicant Two** (If Applicable)
Vehicles		
Boat		
Caravan		
Other		
TOTAL		

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SECTION FOUR (Please Complete)

PRIVACY STATEMENT

The personal information that you have supplied is being collected by Waimakariri District Council (WDC) for the purpose of determining your preliminary eligibility for housing assistance. If you do not complete all of this form WDC may not be able to determine your preliminary eligibility for housing assistance. The information you have provided will be held by WDC, and WDC will not disclose any personal information about you to any person. Under the Privacy Act 1993, you have the right to request access to all information held about you, and to request the correction of that information.

PRIVACY ACT AUTHORISATION

I/We authorise Waimakariri District Council to obtain (and for any agency to disclose) a credit reference check

DECLARATION

I/We declare that information contained in this enquiry is true and correct to the best of my/our knowledge.

Signature:_____ Date:_____

Signature:_____ Date:_____

SECTION FIVE - FOR OFFICE USE ONLY

Enquiry taken by:	**Date Received:**

To apply for a unit please complete this form and hand into any of the Waimakariri District Council's Service Centres or post to the address below:

Waimakariri District Council
Private Bag 1005, RANGIORA
or email to: office@wmk.govt.nz