

# Housing for the Elderly Application Form – 28 Courtenay Drive, Kaiapoi

The Council has housing units available in Kaiapoi, Oxford, Rangiora and Woodend for the elderly with limited means who do not own a property or whose assets are insufficient to purchase a suitable small property in our District.

This application form is specifically for applications for 28 Courtenay Drive, Kaiapoi. Units at Courtenay Drive are purpose-built for couples and applications from couples will be prioritised for this property in the first instance. To apply for any other properties please use the Housing for the Elderly Waitlist Application Form.

## Schedule 2 of the Housing Policy (page 8) MUST be read prior to completing this form.

I have read Schedule 2 of the Housing Policy (page 8) and understand the eligibility criteria: Yes  No

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

**Queen plus unit** - separate bedroom (queen bed size), internal laundry, lounge and kitchen/dining area (couples preferred).

Courtenay Drive rentals (from tenancy commencement to 30 June 2027*)	Weekly rent
Queen plus unit (with separate bedroom)	\$323.00
Queen plus unit occupied by one person	\$297.00

\* May be subject to change. No GST on Housing for the Elderly rental.

In accordance with the Housing Policy (Schedule 2, sections 5b and 5c), at the commencement of the tenancy, the Council will require two weeks rental and two weeks bond in advance.

## Personal details

Every person that is applying for housing needs to fill out the details below:

### Applicant One

Mrs  Miss  Ms  Mr  Other

Full legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Post code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Do you have a current driver licence? Yes No

If yes, driver licence number: \_\_\_\_\_

If no, please provide an alternative form of identification (e.g. passport, SuperGold card).

Residency status (e.g. NZ Citizen or other (please specify)): \_\_\_\_\_

### **Criminal convictions**

Have you been convicted of any criminal charges, or do you have any criminal charges pending? Yes No

(Criminal convictions that are no longer relevant due to the Criminal Records (Clean Slate) Act 2004 do not need to be disclosed.)

If yes, please supply details:

**PLEASE NOTE:** All applicants, the Council reserves the right to undertake a criminal records check under the Criminal Records (Clean Slate) Act 2004 and a credit rating check.

### **Current circumstances**

What is your current type of accommodation?

Renting Boarding Campground Other: \_\_\_\_\_

How much rent/board do you pay? \_\_\_\_\_ Weekly Fortnightly

How many people are living in your current accommodation? \_\_\_\_\_

How many bedrooms are there in the house you live in at present? \_\_\_\_\_

How long have you lived in your present address? \_\_\_\_\_

Is the property maintenance free? \_\_\_\_\_

If you are renting, did you pay a bond and do you think this will be returned to you when you leave?

Do you receive an accommodation supplement for Work and Income NZ? \_\_\_\_\_

### **Work and Income benefit number and Case Manager - optional**

This information may be collected for those applicants and partners who receive income from Work and Income. You are not obliged to supply this information, but if you would like to pay rent by Assignment of Benefit, please complete the following details:

#### **Applicant 1**

Benefit number: \_\_\_\_\_

Work and Income Case Manager: \_\_\_\_\_

Please explain why you require housing for the elderly accommodation?

Have you been a Waimakariri District Council tenant before? Yes No

Do you smoke? Yes No

Do you own a pet? Yes No If yes, Cat Bird Fish Other: \_\_\_\_\_

Do you have a disability assist dog (service animal)? Yes No

If yes, please request a Disability Assist Dog (Service Animal) Eligibility Criteria form to complete.

### Health details

Are you sufficiently active to care for yourself? Yes No

If no, who would care for you? \_\_\_\_\_

Do you have help with cleaning, shopping, bathing etc.? Yes No

If yes, what sort of help? \_\_\_\_\_

How often do you receive this help? \_\_\_\_\_

### Applicant's ability to live independently

Please complete and sign the consent at the top of the attached Independent Living Form(s) (page 8–page 11). You will need to take the Independent Living Form(s) to your Doctor to complete prior to lodging your application for Housing for the Elderly.

The information requested will assist the Council to determine whether you are capable of independent living, such that there would not be any significant risk of harm to yourself or others living in a Housing for the Elderly Complex.

## Applicant Two

Mrs Miss Ms Mr Other

Full legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Post code: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Do you have a current driver licence? Yes No If yes, driver licence number: \_\_\_\_\_

If no, please provide an alternative form of identification (e.g. passport, SuperGold card).

Residency status (e.g. NZ Citizen or other (please specify)): \_\_\_\_\_

### Criminal convictions

Have you been convicted of any criminal charges, or do you have any criminal charges pending? Yes No

(Criminal convictions that are no longer relevant due to the Criminal Records (Clean Slate) Act 2004 do not need to be disclosed.)

If yes, please supply details: \_\_\_\_\_

**PLEASE NOTE:** All applicants, the Council reserves the right to undertake a criminal records check under the Criminal Records (Clean Slate) Act 2004 and a credit rating check.

### Health details

Are you sufficiently active to care for yourself? Yes No

If no, who would care for you? \_\_\_\_\_

Do you have help with cleaning, shopping, bathing etc.? Yes No

If yes, what sort of help? \_\_\_\_\_

How often do you receive this help? \_\_\_\_\_

### Work and Income benefit number and Case Manager - optional

This information may be collected for those applicants and partners who receive income from Work and Income. You are not obliged to supply this information, but if you would like to pay rent by Assignment of Benefit, please complete the following details:

Benefit number: \_\_\_\_\_

Work and Income Case Manager: \_\_\_\_\_

### Applicant's ability to live independently

Please complete and sign the consent at the top of the attached Independent Living Form(s) (page 8–page 11). You will need to take the Independent Living Form(s) to your Doctor to complete prior to lodging your application for Housing for the Elderly.

The information requested will assist the Council to determine whether you are capable of independent living, such that there would not be any significant risk of harm to yourself or others living in a Housing for the Elderly Complex.

### Next of kin details

Please note that the person(s) listed below will be the point of contact for Council should there be any concerns about your wellbeing. Please provide two.

#### Contact One

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

#### Contact Two

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### Landlord reference

Please provide the contact details of your current landlord, campground, or similar accommodation provider so the Council can obtain a reference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

### Character reference

Please provide the details of a person who is not related to you, has known you for at least 12 months, and is willing to be contacted by the Council for a character reference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

### Legal representation (if you have one)

Solicitor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Financial information

If you are a couple and all assets are combined, please complete Applicant One fields and note 'joint' in Applicant Two fields.

Assets	Applicant One	Applicant Two (if applicable)
Savings/investments		
Vehicles		
Boat		
Caravan		
Other (please specify)		
<b>Total</b>		

Sources of income	Applicant One	Applicant Two (if applicable)
Return on investments (e.g. interest, dividends)		
Income Tested Benefit from WINZ		
NZ Superannuation		
Veterans Pension from WINZ		
ACC		
Salary/wages		
Other sources of income (please specify)		
<b>Total</b>		

Have you and/or your partner sold any property within the last 2 years?    Yes    No

If yes please provide details of the reason for the sale, the amount of the proceeds and what was done with the proceeds. (You may be asked to supply written evidence.)

## Important - Privacy Statement (Privacy Act 2020)

The Waimakariri District Council undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 2020.

The information may only be used to assess your eligibility for the Waimakariri District Council Housing for the Elderly, for administrative purposes and in emergency situations.

The information you have provided in applying for Housing for the Elderly Unit may be used for a credit, reference and/or police check in relation to your application.

I agree that this information can be used by Waimakariri District Council for the purposes stated above.

### Signed

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you are giving your authority for this application to proceed.

Applicant 1 Name: \_\_\_\_\_

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Name: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Independent living form – Applicant One

I, \_\_\_\_\_ (name of applicant),  
give my consent for my doctor to complete the information requested in the form set out below which I will submit  
to the Waimakariri District Council as part of my Housing for the Elderly Application.

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you  
are giving your authority for this application to proceed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My doctor's name is: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### For the doctor to complete

This applicant has applied for tenancy in one of the Council's Housing for the Elderly units. These are in groups of  
small, bedsit, studio single or queen bedroom, self-contained units which require the applicant to have the ability  
to live independently and in close proximity with a community of senior people.

This information requested will assist the Council to determine whether the applicant is capable of independent  
living, such that there would not be any significant risk of harm to the applicant and that they will be able to live  
harmoniously and in a non-disruptive manner with others living in the Housing for the Elderly Complex.

Name of patient: \_\_\_\_\_

Date of birth: \_\_\_\_\_

How long has this person been a patient? \_\_\_\_\_

Has the patient suffered from / is suffering from: (please give details)

Stroke      Heart disease or conditions      Respiratory disease

Mobility ailments (e.g. arthritis or osteoporosis)      Psychiatric or nervous disorder      Drug or alcohol abuse

Other - Please provide details:

Please comment on the following:

Physical and mental condition of the applicant and their ability to cope on their own:

Please confirm whether, in your opinion, the applicant would be able to live harmoniously and in a non-disruptive manner with others living in the Housing for the Elderly Complex and not cause disturbances or friction with others:

Degree of mobility and type of disability (if any):

Knowledge of any issues that could affect the applicant's ability to live alone, such as drug or alcohol abuse, violent threatening behaviour towards others:

Support	Current	Needed
District Nurse		
Psychiatric support		
Home care-givers		
Home-help		
Meals on wheels		
Other		
Smoker    Yes    No		

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you are giving your authority for this application to proceed.

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that without sufficient details, the application may not be accepted.*

This form is to be returned to the Applicant who will submit to the Council as part of their Housing for the Elderly application.

## Independent living form – Applicant Two

I, \_\_\_\_\_ (name of applicant),  
give my consent for my doctor to complete the information requested in the form set out below which I will submit  
to the Waimakariri District Council as part of my Housing for the Elderly Application.

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you  
are giving your authority for this application to proceed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My doctor's name is: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### For the doctor to complete

This applicant has applied for tenancy in one of Council's Housing for the Elderly units. These are in groups of  
small, bedsit, studio single or queen bedroom, self-contained units which require the applicant to have the ability  
to live independently and in close proximity with a community of senior people.

This information requested will assist the Council to determine whether the applicant is capable of independent  
living, such that there would not be any significant risk of harm to the applicant and that they will be able to live  
harmoniously and in a non-disruptive manner with others living in the Housing for the Elderly Complex.

Name of patient: \_\_\_\_\_

Date of birth: \_\_\_\_\_

How long has this person been a patient? \_\_\_\_\_

Has the patient suffered from / is suffering from: (please give details)

Stroke      Heart disease or conditions      Respiratory disease

Mobility ailments (e.g. arthritis or osteoporosis)      Psychiatric or nervous disorder      Drug or alcohol abuse

Other - Please provide details:

Please comment on the following:

Physical and mental condition of the applicant and their ability to cope on their own:

Please confirm whether, in your opinion, the applicant would be able to live harmoniously and in a non-disruptive manner with others living in the Housing for the Elderly Complex and not cause disturbances or friction with others:

Degree of mobility and type of disability (if any):

Knowledge of any issues that could affect the applicant's ability to live alone, such as drug or alcohol abuse, violent or threatening behaviour towards others:

Support	Current	Needed
District Nurse		
Psychiatric support		
Home care-givers		
Home-help		
Meals on wheels		
Other		
Smoker    Yes    No		

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box below you are giving your authority for this application to proceed.

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that without sufficient details, the application may not be accepted.*

This form is to be returned to the Applicant who will submit to the Council as part of their Housing for the Elderly application.

## Information for applicants

### Eligibility criteria

To qualify for the Council's Elderly Housing waitlist, the applicant/s must:

1. Single applicants must be over the age of 65 years. Where the applicants are a couple, one of the applicants must be over the age of 65 years and the other over 60 years.
2. The applicant(s) must have assets valued at less than \$10,000 (single applicant) or \$16,000 (couple). Assets exclude furniture, motor vehicles and personal effects.
3. The applicant(s) must be receiving a benefit (e.g. superannuation, etc.) or a comparable level of income but not exceeding 20% of the Gross Superannuation income current at the time the tenancy commences.
4. The applicant(s) must be New Zealand citizens or have New Zealand permanent residency.
5. Priority allocation of applicant(s) to the units will take into consideration, but not be limited to, the following criteria:
  - (a) Whether the applicant is adequately housed.
  - (b) The applicant's ability to be housed in the private rental market bearing in mind their eligibility for the Accommodation Supplement or availability of income-related rental options with an approved Community Housing Provider.
  - (c) All applicants must either be able to care for themselves or require minimum supervision and support from community support providers. Prior to unit allocation and where appropriate, the Council shall require written confirmation, by way of a completed Independent Living Form, from a health professional to ensure tenants are able to live independently.
  - (d) All applicants must demonstrate a willingness to adapt to living harmoniously in a close community environment. To be confirmed by:
    - providing appropriate referees (that can be contacted by the Council and verified);
    - through the interview process;
    - during any tenancy, show appropriate behaviours.
  - (e) All applications, at the Council's discretion, shall be subject to a criminal records and credit rating check.
6. Eligibility in relation to 3, 6(c) and 6(d) may be reviewed every two years. Where an appreciable change or deterioration is considered to have occurred, the tenant is expected to work with Council staff and other support agencies to explore more appropriate, alternate housing options.
7. Provide a completed and signed Independent Living Form for all applicants (page 8–page 11).
8. Provide appropriate referees that can be verified and contacted by the Council.

### Occupancy

A maximum of two tenants (named on the tenancy agreement) only are permitted to reside in queen units (previously known as double units).

A Queen unit will only be offered to a single person if there are no couples on the existing waiting list. Any single person in a Queen unit may be required to vacate the Queen unit when a couple is allocated it and after a single unit becomes available.

### Maintenance

The Council maintains the grounds of all complexes.

Flower and vegetable gardens allocated to individual flats are the responsibility of the tenant.

The Council will maintain the buildings and all service requests for repairs should be made to the Waimakariri District Council Customer Services 24 hour phone line 0800 965 468.

### **Car parking**

The Council provides limited unallocated car parking at all complexes. Any additional vehicles and visitors must park outside of the complex. On-site parking is limited to one vehicle per unit.

### **Furnishings**

The Council supplies the following:

- A stove is provided in each unit
- Fixed floor coverings in the lounge, bedroom, kitchen and bathroom
- Curtains, blinds and net curtains (curtain rails are to stay in the fixed in position).

### **Providing true and correct information**

Information from applicants proven to be false, will immediately result in the termination of the application and eligibility.

### **Checklist**

Before submitting your application to the Council, please ensure that all items on the following checklist have been completed or supplied (please tick):

Have you completed all the relevant sections?

Have you signed the agreement?

Have you signed the Declaration in front of a witness?

Have you included the Independent Living Form(s) completed by your usual doctor for both yourself and your partner?

If working – Have you included a supporting document from your bank, Inland Revenue or Work and Income confirming your income for the last financial year?

Have you included bank statements showing the last four weeks' transactions?

Have you included a copy of your identification (preferably photo identification)? Minimum of one per applicant:

Driver licence

Passport

Birth certificate

Other: \_\_\_\_\_

**Declaration**

To be completed by Applicants(s).

I/We (print name(s)) \_\_\_\_\_  
\_\_\_\_\_

declare that I/we have answered all of the questions asked by the Waimakariri District Council, or the questions have been answered for me/us, and the information I/we have given is true and complete.

I/We have read the Privacy Statement included in this form, or the Privacy Statement has been explained to me, and I understand it.

I/We understand that by signing this form I/we give permission for information about me/us to be used, given and received, in accordance with the Privacy Statement.

Declared at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the boxes below you are giving your authority for this application to proceed.

Signature of Applicant 1: \_\_\_\_\_

Signature of Applicant 2: \_\_\_\_\_

Before me:

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Print Name of Witness