

PROPERTY

Housing for the Elderly Waitlist Application Form

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

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

Applicant's name: _____ Date: _____

Housing preference

Accommodation required:

Bedsit/Studio unit Single unit Queen unit

Bedsit and Studio units - open plan bedroom and lounge (with curtain divider and/or glass sliding door divider), separate kitchen and bathroom

Single unit - separate bedroom (single bed size), kitchen, lounge and some units have an internal laundry

Queen unit - separate bedroom (queen bed size), kitchen, lounge and some units have an internal laundry (for couples only)

**Please refer to page 2 for further information on Housing for Elderly Complexes and unit types.*

Preferred complex - Please indicate 1st and 2nd preferences

Durham Courts – Rangiora

Tyler Courts – Rangiora

Matthews Courts – Rangiora

Gladstone Road – Woodend

Martyn Place – Kaiapoi

Ranui Mews – Kaiapoi

Meyer Place – Oxford

First preference: _____

Second preference: _____

Housing for the elderly information

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.

Location of housing units

Kaiapoi **Ranui Mews - 26 Hills Street**

21 single units, 4 queen units, limited car parks and off street parking

Martyn Place - 23 Meadow Street

1 single unit, 1 studio unit, limited off street parking
19 single units - renovated

Oxford **Meyer Place - 5 Meyer Place**

2 queen units, 4 single units, 10 units have carports, off street parking
6 single units - renovated, 1 queen unit - renovated

Rangiora **Durham Court - 34 Durham Street**

2 single units, 2 queen units, limited off street parking

Matthews Court - 78 Durham Street

14 single units, 4 queen units, limited off street parking

Tyler Court - 56 Durham Street

4 studio units, 18 bed-sit units, 4 queen units, with a shared laundry, limited off street parking
2 single units - renovated

Woodend **Woodend Units - 29 Gladstone Road**

3 queen units with attached single garage

Weekly rentals (from 1 July 2025*)	Weekly fee
Queen units (with separate queen bedroom)	\$287.60
Queen units occupied by one person	\$263.00
Single units (with separate bedroom)	\$238.40
Studio units	\$214.00
Bedsit units	\$201.70
Garages	\$13.80
Carports	\$8.00

* Subject to change. No GST on Housing for the Elderly rental.

Ranui Mews rentals (from 1 July 2025*)	Weekly fee
Queen units (with separate queen bedroom) Hills/Williams Street units	\$298.30
Queen units occupied by one person - Hills/Williams Street units	\$276.20
Single units (with separate bedroom) Hills/Williams Street units	\$254.10

* Subject to change.

Renovated (from 1 July 2025*)	Weekly fee
Queen units (with separate bedroom) - Renovated	\$287.70
Queen units occupied by one person - Renovated	\$267.45
Single units (with separate bedroom) - renovated	\$247.20

* Subject to change.

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's licence? Yes No

If yes, driver's 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 from the previous 10 years, or do you have any criminal charges pending? Yes No

(Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required 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 In your own home Campground Other: _____

How much rent 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. The applicant(s) are not obliged to supply this information. The applicant(s) may wish to provide this information:

If, he/she would like to pay his/her rent by Assignment of Benefit; or

Applicant 1

Benefit number: _____

Work and Income Case Manager: _____

Applicant 2

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) (pages 9–12). 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 (Queen units only)

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's licence? Yes No

If yes, driver's 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 from the previous 10 years, or do you have any criminal charges pending? Yes No

(Criminal convictions that are covered by the Criminal Records (Clean Slate) Act 2004 are not required to be disclosed.)

If yes, please supply details:

PLEASE NOTE: *All applicants, at the Council's discretion, shall be subject to a criminal records check 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? _____

Applicant's ability to live independently

Please complete and sign the consent at the top of the attached Independent Living Form(s) (pages 9–12). 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

Name: _____

Address: _____

Phone: _____ Mobile phone: _____

Character reference

Name: _____

Address: _____

Phone: _____ Mobile phone: _____

Legal representation (if you have one)

Solicitor: _____ Phone: _____

Address: _____

Financial information

Combine the information if more than one applicant.

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

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		
Sources of income		
Total		

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 – The 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.

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

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.

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: _____ Date: _____

Applicant 2: _____ Date: _____

Checklist (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's licence Passport Birth certificate Other: _____

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.

Declaration

I/We (print name) _____

declare that I/we have answered all of the questions asked by the Waimakariri District Council, or the questions have been answered for me, and the information I 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 give permission for information about me 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

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. Must not own or have owned property within the last two years.
5. The applicant(s) must be New Zealand citizens or have New Zealand permanent residency.
6. 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, either through providing appropriate referees that can be verified and contacted by the Council or through the interview process or, during any tenancy, active behaviours that evidence the individual's intent in line with this criteria
 - (e) All applications, at the Council's discretion, shall be subject to a criminal records and credit rating check.
7. 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
8. Provide a completed and signed Independent Living Form for all applicants (pages 9-12)
9. Provide appropriate referees that can be verified and contacted by the Council.

Occupancy

Only one tenant (named on the tenancy agreement) is permitted to reside in a bedsit, studio or single unit.

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

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.

Furnishings

The Council supplies fixed floor coverings in the lounge, bedroom, kitchen and bathroom, stoves and washing machines in communal laundries. Curtain rails are provided fixed in position. Curtains, blinds, net curtains, are provided by the Council.

Animals

The Council will permit the Tenant/s to keep a maximum of either one neutered domestic cat, OR one caged bird, OR aquarium fish.

There is limited availability for Disability Assist animals (eligibility criteria available on request).