



## Pensioner Housing Application form

### Eligibility and application process

This form is an application for a Whangarei District Council (WDC) Pensioner Housing unit. As landlord WDC has appointed a Tenancy Manager to act as agent for all tenancy management services. Applications and all queries should be directed to:

Whangarei Agricultural & Pastoral Society

127 Bank Street, Whangarei

PO Box 3, Whangarei 0140

Phone: 09 438 3109 extn 1 | Email: pensionerhousing@wap.org.nz



### Process

1. Please complete all questions on the form.
2. Attach documents listed on page 11
3. Submit your completed application, Ministry of Justice and doctors consent forms and supporting documents to the Tenancy Manager above
4. Your application will be assessed by the Tenancy Manager. If you are eligible you will be invited to an interview where your housing needs will be assessed. You are welcome to bring a support person or interpreter.
5. If your application is approved your name will be added to the Pensioner Housing Register until a vacancy occurs
6. When a unit becomes vacant all applicants on the Register will be reviewed and assessed. Offers for accommodation are not based solely on length of time on the housing register but are on a needs basis.

### Office use only

Date received:

Checked for completeness:

Received by:

Letter sent:

Accepted

Declined

## Eligibility criteria

To be eligible for a Whangarei District Council Pensioner Housing unit, tenants must be:

- a New Zealand citizen or be permitted to reside in New Zealand,
- aged 65 or over,
- retired from fulltime work,
- a recipient of New Zealand Superannuation, a New Zealand War Disablement Pension or New Zealand Veterans Pension and
- own no more than \$40 000 (single) or \$60 000 (couple) worth of assets. This includes both cash and non-cash assets as defined by New Zealand Work and Income for the accommodation supplement (excludes car, furniture and personal affects).

*Where a couple are in a relationship and apply, both applicants must meet the criteria above.*

## Applicant details

*Verification required: Passport or Driver's License or Birth Certificate.*

### APPLICANT 1

Mrs

Miss

Ms

Mr

First or given name(s):

Family or surname:

Known as:

Current address:

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Phone:

Date of birth:

Place of birth:

Ethnicity:

Email:

Are you eligible for New Zealand National Superannuation:

Yes

No

Marital status:

Single

De facto

Married

Separated

Divorced

Widowed

What are your connections to Whangarei? (e.g. length of time lived locally or family support etc.)

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Do you have any previous, current or pending criminal convictions? Yes  No

If you answered yes, please provide details – date and conviction:

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*As part of your application assessment Council will request a record of your Criminal Conviction History. A Ministry of Justice (MOJ) form allowing this information to be released to us must be signed (attached).*

**APPLICANT 2**

Mrs  Miss  Ms  Mr

First or given name(s):

Family or surname:

Known as:

Current address:

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Phone:

Date of birth:

Place of birth:

Ethnicity:

Email:

Relationship to applicant 1:

Are you eligible for New Zealand National Superannuation: Yes  No

Do you have any previous, current or pending criminal convictions? Yes  No

If you answered yes, please provide details – date and conviction:

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## Current accommodation details

### Definitions for housing are:

**Own home** – you own and live in your own home

**Rental housing** – you have a tenancy agreement for your home. This can mean market rental or subsidised housing

**Temporary accommodation** – non-private dwellings such as hostel, boarding house, shelter or motor camp accommodation

**Shared accommodation** – sharing someone else’s dwelling such as family and friends – on a temporary basis

**Without shelter or uninhabitable housing** – no shelter or makeshift shelter such as shack or car or living on the street or in a dilapidated dwelling

What is your current living situation?

Own home

Temporary accommodation

Rental housing

Shared accommodation

Without shelter or uninhabitable housing

What are your reasons for applying for a WDC Pensioner Housing unit?

*Please provide details and as much information as possible about why you are applying to demonstrate your housing need.*

Are you currently paying rent or board?

Yes

No

If yes, how much is your weekly rental?

\$

Name of landlord:

Landlord address:

Reasons for leaving:

Do you have to give notice?

Yes

No

How many weeks

Including yourself and partner (if applicable) how many people live in your home?

What is your relationship with the people you live with?

Family

Flatmates

Friends

Other

N/A

Number of bedrooms where you are currently living?

Do you have your own room?

Yes

No

Have you tried to find alternative accommodation elsewhere?

Yes

No

If you answered yes, how long have you been looking and why do you think you have been unable to find alternative accommodation?

## Financial

*Please tick relevant income sources and record amounts received weekly.*

*All applicants need to provide a breakdown of weekly income received from WINZ  
Ph 0800 552 002.*

*For part time employment, you will need to provide 3 months' payslips for each applicant.*

### INCOME DETAILS

Income	Weekly amount \$	
	Applicant 1	Applicant 2
National Superannuation		
Number		
Veterans pension		
Overseas pension		
Supported living payments		
Unemployment benefit		
Working (full-time / part-time)		
Other (e.g. money received for investment interest, rent or board)		

**ASSETS**

**Cash assets**

*Examples of cash assets:*

- *money in the bank or with a savings organisation*
- *money lent to other people or organisations*
- *money in Bonus Bonds, shares, debentures or Government stock*
- *Kiwisaver.*

Do you own your own home? Yes      No

Do you have any cash assets? Yes      No

If you answered yes to any of these 2 questions, please provide details below:

	Asset type	Value \$	
		Applicant 1	Applicant 2
	House		
	Money in the bank		
	Money on loan to other people or organisations		
	Bonus Bonds		
	Shares		
	Kiwisaver		
	Other		

**Non-cash assets**

*Examples of non-cash assets:*

- *car*
- *boat*
- *caravan or motorhome*
- *trailer*
- *land or buildings (other than your home).*

Do you have any non-cash assets? Yes      No

If you answered yes, please provide details below:

Asset type	Value \$	
	Applicant 1	Applicant 2
Car		
Boat		
Caravan or mortorhome		
Land and buildings		
Other		

### **Credit history**

Council will require a check of your credit history. This will help us confirm your details as well as report on any previous credit enquiries, payment defaults, court judgments and bankruptcies if applicable.

A poor credit history does not necessarily result in declining your application but may mean that we require a direct payment for rent is set up from your NZ Superannuation.

By signing this application form you will be allowing this information to be released to us for the purposes of assessing your application.

### **Emergency contact / tenant representative**

Contact 1: Please provide details of someone we can contact if there is an emergency during your tenancy. This could be a family member or a friend who you have chosen to be your Tenant Representative.

Please advise if they are able to act on your behalf in relation to your tenancy or healthcare.

You may wish to appoint a Power of Attorney (POA) who can act on your behalf if you are unable to do so through accident or illness. You can get more advice from the Citizens Advice Bureau or your solicitor regarding your rights and the options available.

#### **CONTACT FOR ANY ISSUE DURING TENANCY**

##### **Contact 1**

Name:

Address:

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Relationship:

Landline:

Mobile:

Email:

Is this person legally appointed as your POA?

Yes

No

*If you answer yes, please provide a copy of the POA document.*

If not your legally appointed POA, do you understand and agree that WDC, or their Tenancy Manager, may call your Contact / Tenant Representative to discuss your tenancy or healthcare in an emergency or under extreme circumstances.

Yes, I agree and understand (please sign)

**Contact 2 (If first contact is unavailable)**

Name:

Address:

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Relationship:

Landline:

Mobile:

Email:

Is this person legally appointed as your POA?

Yes

No

*If you answer yes, please provide a copy of the POA document.*

If not your legally appointed POA, do you understand and agree that WDC, or their Tenancy Manager, may call your Contact / Tenant Representative to discuss your tenancy or healthcare in an emergency or under extreme circumstances.

Yes, I agree and understand (please sign)



## Referee details

Please supply us with the name and phone number of your current landlord (if applicable) 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.

### Referee 1

Name:

Relationship:

Landline:

Mobile:

Email:

### Referee 2

Name:

Relationship:

Landline:

Mobile:

Email:

## Housing

What areas are you interested in?

Hikurangi

Kamo

Mairtown

Maunu

Onerahi

Otaika

Tikipunga

Will consider all

*This housing is offered on a needs basis. The placements we offer are intended to be mutually beneficial for both parties, but applicants cannot select a preferred unit and Council reserves the right to cancel an application if, after honest efforts have been made, the applicant continually declines accommodation offered.*

What type of unit are you interested in?

Bedsit

Single bedroom

Two bedroom

**PETS**

*Please note: WDC have a no pet policy. In special circumstances a written request for one cat or one bird may be considered. Conditions will apply.*

Do you have a pet? Yes  No

If yes, please advise type of pet:

**CAR**

*Please note: parking is limited and no car park is specifically designated for each unit. Please ask for more information if you have a car.*

Do you have a car? Yes  No

If yes, please give details:

Make/Model:

Year:

Colour:

Registration #:

Is the car registered and warranted? Yes  No

**MOBILITY SCOOTER**

*Please note: Mobility Scooters are not allowed to be parked inside units. Only some units are available with covered shelters and outdoor power points suitable for mobility scooters.*

Do you have a mobility scooter? Yes  No

**YOUR REQUIREMENTS AND INTERESTS**

Tell us about yourself so that we can help find the best fit for you in one of our villages. Do you have any hobbies or interests. Do you have any physical requirements such as handrails and ramps?

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## Checklist

Please provide the following supporting documentation for each applicant:

Identification and age – i.e. birth certificate, driver’s license, passport

Weekly income

- NZ Superannuation / income from WINZ, each applicant must include a Breakdown of Benefit letter from WINZ
- Working full / part time – 3 months’ payslips

Assets – full bank statement for ALL accounts for the last 3 months

Current housing costs – tenancy agreement or letter from the landlord confirming your rent / board

Doctors consent form for each applicant – to be filled in by your regular doctor to verify your suitability for communal and independent living

Signed Ministry of Justice form

Power of Attorney document (if applicable)

## Declaration

I authorise Whangarei District Council (or their agent) to:

1. obtain (and any agency to disclose) information required to assess my application including a credit reference check and a Ministry of Justice report of Criminal Convictions
2. disclose any credit agency details of any indebtedness
3. obtain my forwarding address upon vacating a Whangarei District Council property

I declare that the information contained in this application is true and correct.

I acknowledge Whangarei District Council’s (or their agents) right to check the validity of the information supplied by me about my application and ongoing tenancy, including medical, social and financial details where applicable.

I understand that if the information provided is misleading or false, the application may be cancelled or my tenancy terminated.

### Applicant 1

Name:

Date:

Signature:

### Applicant 2

Name:

Date:

Signature:



PO Box 3, Whangarei 0140  
127 Bank Street, Whangarei  
pensionerhousing@wap.org.nz  
P 09 438 3109 Extn 1

***Working together with***



***Whangarei***  
*District Council*

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