



District Office
 15 Galileo Street
 Private Bag 544
Ngaruawahia 3742

Telephone (all hours) 07 824 8633
 Call Free 0800 492 452
 Fax 07 824 8091

Huntly Area Office 142 Main Street 0800 492 452
Raglan Area Office 7 Bow Street 07 825 8129
Tuakau Area Office 2 Dominion Road 0800 492 452

Email: info@waidc.govt.nz
 www.waikatodistrict.govt.nz

Application for housing for the elderly

Personal information

Applicant's surname:

First names:

Current address:

.....

.....

Telephone number: Cell:

Date of birth:

Place of birth: **Attach proof of citizenship or residency, such as birth certificate / passport / certificate of residency.**

Length of residence in Waikato District:

Are you a New Zealand citizen? **YES / NO** If **NO**, are you a permanent New Zealand resident? **YES / NO**

Length of residence in New Zealand:

Will one or two people be occupying the accommodation? **ONE / TWO**

Have you been convicted of any criminal charges or do you have any criminal charges pending? **YES / NO**

If **YES**, please give details:

.....

Where would you like to live? Please indicate order of preference:

Huntly	Ngaruawahia	Tuakau
Hakanoa Street <input type="checkbox"/>	Paul Reeves Court <input type="checkbox"/>	Jellicoe Avenue <input type="checkbox"/>
		Henderson Avenue <input type="checkbox"/>

Next of kin or a person we can contact if necessary

Name:

Address:

.....

Telephone number: D N Cell:

Relationship to yourself:

Health Details

Doctor's name:	.....
Doctor's address:	.....
	
Doctor's telephone number:	.....
How would you describe the state of your health?	.....
Are you able to care for yourself?	YES / NO	If NO , who cares for you?
	
Do you have help with cleaning, shopping, bathing etc?	YES / NO	If YES , what sort of help? How often do you receive it?
	
	
Do you smoke?	YES / NO	

The Medical Certificate must be completed by your doctor and submitted with your application.

Current Accommodation Details

What type of accommodation are you living in at present?	.....
	
How long have you lived there?	.....
Is this accommodation rented?	YES / NO	
	If YES , please provide the name, address and phone number of the landlord	
	
	
	
Are you the sole occupant?	YES / NO	
	If NO , what is the other occupant/s' relationship with you?	
	
Have you been a Waikato District Council tenant before?	.....

Financial details

Please give details of **ALL** financial details

By income we mean any income you or your partner get from any source, such as work, regular insurance payments like ACC, investments, business, private pensions, rent or boarders.

By assets we mean anything you or your partner own such cash in hand or bank, investments, shares, bonds, debentures, house and land (current Government valuation), life insurance policies (surrender value) and motor vehicle. Furniture is excluded.

Income from all sources - – individually or jointly: (Show the amount you receive after tax but before any other money is taken out. State weekly / fortnightly / monthly for each)

Wages / salary:
National Superannuation:
Other benefit (specify):
Rent / Board received:
Other (specify):
.....
Attach a copy of your latest IRD statement to this application.

Assets – individually or jointly

Cash and Investments

Cash in hand: \$	Shares: \$	Investments:
Bank accounts: Cheque \$	Savings \$ .....	.....
(Please include statements showing at least last 3 months transactions)		
Other assets, including Bonus Bonds: \$ .....	.....	.....

Property – individually or jointly

Do you own any property? YES / NO	If YES , give brief details of type (i.e. House, Home Unit, Land, Farm, Section etc)	
.....	
Address of property: .....	.....
Occupier's name: .....	.....
If you are not the occupant of the above property please state why not:	.....
.....	
Income from property: \$	Capital value \$ .....	.....
Have you sold any property in the last 5 years? YES / NO	If YES , when?	
If YES , what were the net proceeds of the sale? Net \$: .....	.....
Do you own a motor vehicle, boat, scooter, caravan or other type of vehicle? YES / NO	.....
If YES , please give details: .....	.....
.....	

Provide any other information may be helpful to us when we consider your application. (Attach another sheet if necessary)

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.....

Statutory Declaration (A Justice of the Peace or other person authorised to take a statutory declaration must witness your signature)

I (full name)

Of (address in full)

do solemnly and sincerely declare that the particulars supplied are correct in every detail and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. Further, I authorise the Waikato District Council to make inquiries with outside organisations if such inquiries are necessary to clarify or certify any matters pertaining to my eligibility for Housing for the Elderly.

Declared at this day of 20.....

Signed by Declarant

Before me (signed)

Name
(Justice of the Peace or other person authorised to take a statutory declaration)

Checklist

This application form, completed in full, signed and witnessed, and accompanied by the supporting information, should be sent to:

**Application for Housing for the Elderly
Customer Delivery Team Leader
Waikato District Council
Private Bag 544
Ngaruawahia**

Please ensure you also enclose:

- Medical certificate/s
- Two character references
- Copy of bank statements (at least the last three months)
- Proof of residency or citizenship, such as birth certificate, passport or certificate of residency
- Copy of your latest IRD Statement

Waikato District Council Use Only	
Received by:	Date received:
Checked for completeness: <input type="checkbox"/>	Letter sent: <input type="checkbox"/>