

Housing application form



WHANGANUI
DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

Thanks for your interest in our housing. Whanganui District Council owns 275 one-bedroom units across 16 complexes throughout the city. Our objective is to provide safe and healthy housing for older people with low to moderate financial means.

Rent payments are required 2 weeks in advance.

Please check before submitting application form

- Applicant's contact details are provided (page 3).
- Two character referees, who are not family members (by blood or marriage) and do not reside at the same address, must be provided. Doctors are not eligible as referees (page 5).
- Proof of income is attached, such as a full bank statement, pay slip or WINZ statement including your full name and address.
- Valid ID is attached, either a driver's licence or passport. If submitting a driver's licence, a colour copy of both sides is required.
- If the applicant has recently sold their home, a copy of the proceeds of sale document is attached, along with all relevant sections of the application form completed.
- The Statutory Declaration is signed by the applicant (page 10).
- Applicant has completed Ministry of Justice criminal conviction form (after page 9).
- Applicant has booked an appointment with a doctor and retained pages 11-14 to take to their doctor.
- Applicant understands they must bring the doctor's letter and questionnaire to the appointment.

If you are a single person to be eligible for a single unit you must:

- Be a New Zealand citizen or resident.
- Be 65 years old or older.
- Criminal convictions may affect eligibility.
- Be able to live independently and get along with others.
- Receive an income less than \$61,538 per year before tax.
- Not own or partially own any residential property.
- Have assets valued at less than \$124,379.

If you are a couple requesting a double unit to be eligible:

- Both applicants must be New Zealand citizens or residents.
- At least one applicant must be 65 years or older.
- Both applicants must complete an application form each.
- Any criminal convictions for either applicant may affect eligibility.
- Both applicants must be able to live independently and get along with others.
- Both applicants must receive a combined income of less than \$74,300 per year, before tax
- Both applicants must not own or partially own any residential property.
- The combined asset value must be less than \$124,379.

Your next steps

If you meet all the eligibility criteria, please complete this application form in full.

You can submit your application by:

- **Posting** it to Whanganui District Council, 101 Guyton Street, Whanganui, 4500.
- **Hand-delivering** it to Customer Services at 101 Guyton Street.
- **Emailing** your signed application along with identification to yourcouncil@whanganui.govt.nz.

After we receive your completed application and ID we will:

- Send the forms to your two character referees for them to complete and return to us.
- Request an online Ministry of Justice Report using the information on the ID you have provided.
- Once we have received your character references, the medical questionnaire from your doctor and your Ministry of Justice report we will arrange an interview with you. This interview will take place at Age Concern Whanganui offices at 164 St Hill Street, Whanganui. Present at the interview will be a representative from Age Concern Whanganui and the council's housing officer or a member of the property team. You are welcome to bring a support person.
- You will be notified of the outcome of your application after the interview. If successful, you will be placed on our waiting list.
- When a unit becomes available, we will contact you to arrange a viewing. If you accept our offer of a tenancy, we will prepare the documentation and arrange to meet with you again before your move-in date.
- You will meet with us for a second time to sign your tenancy agreement and related documents. You will also make payment of up to 2 weeks' rent in advance, plus 4 weeks' rent for the bond, before moving into your new unit.
- On your tenancy start date, you will pick up the keys to your unit from us.

Your details (please print your details clearly)

Name:

Email:

Phone number:

Current address:

Date of birth:

Are you...

Applying for a single unit - one bedroom,
single/king single bed

Applying for a double unit - one bedroom,
a double/queen bed

Current landlords details

Name:

Email:

Phone number:

Next of kin

Name:

Relationship:

Address:

Email:

Phone number:

Enduring power of attorney

Name:

Address:

Phone number:

Email:

Emergency contact (if different from your next of kin)

Name:

Relationship:

Address:

Email:

Phone number:

Welfare guardian

Name:

Address:

Phone number:

Email:

Solicitor

Name:

Address:

Law firm:

Character references

Reference one

Name:

Relationship:

Address:

Email:

Phone number:

Reference two

Name:

Relationship:

Address:

Email:

Phone number:

Assets

Assets included in an application are: cash and savings, investments or shares, loans made to other people (including family trusts), boats, caravans, campervans, and investment property.

Assets not included in an application are: pre-paid funeral expenses for you and your partner of up to \$10,000 each if held in a recognised funeral plan, personal belongings such as clothing and jewellery, household furniture, and your vehicle.

You are not eligible for housing if you own or part-own any residential property.

Do you own a property?

Yes

No

If yes, please give details e.g. house, unit, land, section, investment property:

Address/es of property/properties:

Have you sold any property in the last 5 years?

Yes

No

Address of property:

Sale price:

Date of sale:

Mortgage amount:

If you have recently sold a house, please provide a copy of the proceeds of sale document from your solicitor.

Do you own a car?

Yes

No

Parking is limited at our housing complexes, with more units than parking spaces available. There are no allocated parking spaces, and parking is on a first-come, first-served basis each day.

Asset

Value

KiwiSaver

\$

Savings

\$

Cash

\$

Investment property

\$

Loans to other people

\$

Other (provide detail)

\$

Total

\$

Please provide any comments you think relevant to your assets:

Income

Please list your sources of income.

Asset

Dollars per annum before tax

Superannuation

\$

WINZ Benefit

\$

Wages / salary

\$

Investments

\$

Other (provide detail)

\$

Total

\$

WINZ client number:

Please provide a copy of your most recent proof of income and savings. At a minimum, include a bank statement for both your cheque and savings accounts. These statements should show your name, address, and account balance.

Please provide any comments you think relevant to your income:

Medical

Doctor's name:

Clinic:

Address:

Phone number:

Do you have any mental or physical disabilities that would affect your ability to live independently?

Yes

No

If yes, please provide details:

Identification (please check your ID has not expired)

Photo Identification:

- Driver's licence
- Passport
- 18+ Card

Please note we are unable to use your 18+ card for the Ministry of Justice Criminal Conviction request - see form attached after this page (page 9).

ID number:

Expiry date:

Pets

Do you have a pet?

- Yes
- No **(if you answer 'no' go to the Ministry of Justice forms pages and complete steps 2, 3 and 4)**

What pet do you have?

- Cat
- Bird
- Fish
- Other (please state)

Ministry of Justice Criminal Conviction form

Whanganui District Council, in administering its housing units, aims to provide a safe environment for its tenants. As part of this process, we want to ensure that prospective tenants are suitable. Please complete the attached Ministry of Justice Criminal Conviction History form (Priv/F2), which grants the council permission to conduct a Criminal Conviction check. A criminal conviction will not automatically disqualify you, but it will be a relevant factor in determining your eligibility.

Please provide a colour photocopy of your ID, clearly showing your signature. If you are using a driver's licence, we require a colour copy of both sides. If you are hand-delivering your application, we can photocopy your ID for you at that time.

Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

Step 1 Third party to complete this section

Third party name details

Full name of third party:

Full name of the person or organisation the third party **is acting for** (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Third party reference number (if applicable):

Third party return address details

Name of the person to return request information to:

PO Box or
Street Address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Signature of third party:

OFFICE USE ONLY
MOJ REQUEST NUMBER

Step 2 **Your details** (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname: First name:

Middle names (separated by commas):

Date of birth: Male Female

Place of birth:

Telephone: Mobile:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Postal Address

PO Box or Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code: Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

New Zealand Driver Licence - can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

New Zealand Passport - can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

Overseas Passports - must be current and cannot be expired, cancelled or defaced. Must show your signature.

New Zealand Firearms Licence - must be current and cannot be expired or defaced.

If you do not have any of these forms of identification, you will need to complete Step 5.

Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report

Traffic convictions report

I want a copy of the information provided to the third party

Yes

No

Your signature:

X

Date:

Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (<i>separated by commas</i>):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (<i>separated by commas</i>):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:

X

Checklist for the third party



Please ensure this form is fully completed to avoid processing delays.

Step 1: Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).

Step 2: Contains individual's full name and date of birth.

Step 3: Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

Step 4: The individual has authorised this request by signing and dating the form.

Step 5 (if applicable): Confirmation of the individual's identity if they do not have a valid identification.

Sending your form to the Ministry

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

Service standard

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.

Privacy statement

If your application for housing is successful, we will collect and retain all the information you have provided in this application form.

As a condition of this application, you allow us to share your information with our well-being service provider (currently Age Concern Whanganui) to assist in informing our decision on your application and, if accepted, to help ensure your health and well-being.

If accepted, we may share only your name and contact details with our contractors for maintenance purposes related to your unit. We will not share any other personal information with any organisation, aside from our well-being service provider (currently Age Concern Whanganui).

Statutory declaration

I (print your full name) _____
solemnly and sincerely declare that the information supplied in this application is true and correct.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. I agree to the Privacy Statement above and to Whanganui District Council contacting the referees supplied in this application.

I agree to the information in this application being shared with Whanganui District Council's current well-being service provider.

Signed:

Date:

Before sending in your application, please ensure you have completed the checklist on page 1.

For your doctor

As part of Whanganui District Council's housing application process, you are required to book an appointment with your doctor and take the attached letter and questionnaire with you.

Your doctor will review your past medical history and discuss your current health with you. They will complete the questionnaire, which will help us make an informed decision about your ability to live independently.

You are responsible for all costs associated with the doctor's visit.

You do not need to return the completed questionnaire to us; your doctor will submit it directly.

Please sign the consent below and give it to your doctor, along with the following three pages.

Dear Doctor

I (print your full name) _____
hereby authorise you to release my medical records to Whanganui District Council.

Sign _____

Date _____



Dear Doctor,

WHANGANUI DISTRICT COUNCIL HOUSING APPLICATION

The patient in front of you has applied to be a tenant in one of Whanganui District Council's housing units. A key consideration when reviewing an application is understanding the applicant's physical and mental health, as well as their ability to live independently.

In the context of our housing, living independently means being able to care for oneself and manage any support services required to maintain the unit as it is presented at the beginning of the tenancy. Support services may include assistance with personal care, maintaining the cleanliness of the unit, or, for example, the installation of an accessibility ramp. However, this does not extend to the need for a full-time, overnight, or live-in carer. Our tenants must be able to live alone without presenting avoidable risks or harm to themselves or others.

As part of the application process, it is a requirement that the applicant book an appointment with you to assess their ability to live independently.

Once you have met with your patient, please complete the attached questionnaire and return it to **yourcouncil@whanganui.govt.nz** with 'Housing Application Medical' in the subject line. Please do not return the questionnaire to the patient directly.

The information you provide will be shared with Age Concern Whanganui, who are contracted with Whanganui District Council to offer specialist advice, assist with the application process and support tenants in living independently and with dignity.

Thank you for your assistance. The details you provide will help us make an informed decision regarding the applicant's suitability for housing and will guide Age Concern Whanganui in determining the best support for your patient.

Please feel free to call us (06) 349 3149 if you have any questions.

Kind regards,

Council-Owned Housing Officer

Whanganui District Council housing questionnaire

Please return completed questionnaire to yourcouncil@whanganui.govt.nz

Today's date ____/____/____

Patient's full name _____

Date of birth: ____/____/____

Please detail:

Past medical history

Present medical conditions

Please comment on:

Patient's degree of mobility

Any condition that could affect their ability to live alone

Patient's ability to live independently

Any substance abuse issues

Is patient a smoker?

Yes

No

Any other comments

Doctor's name: _____

Clinic: _____

Address: _____

Phone: _____

Signature: _____



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