

# WHANGANUI DISTRICT COUNCIL – PENSIONER HOUSING APPLICATION FORM

## General Information

1. Mr/ Miss/ Mrs/ Ms (Please circle one)

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

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

Telephone No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Length of Time in New Zealand: \_\_\_\_\_

Length of Residence in Whanganui: \_\_\_\_\_

3. Marital Status:

Single       Widow       Separated   
Married       Widower       Divorced

4. Smoker: Yes  No

## Health

5. Doctor's Name: \_\_\_\_\_

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

6. Do you have any disabilities: Yes  No

If yes, please give details \_\_\_\_\_

7. Are you able to look after yourself:

Yes, all the time       Mostly       Not always       No

If you have not answered 'Yes' to this, please comment and give details: \_\_\_\_\_

**PLEASE NOTE: PETS ARE NOT PERMITTED**

**Character References**

We require the names of two people (other than family) who can be contacted for character references.

1. Mr/ Miss/ Mrs/ Ms (Please circle one)

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

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

Telephone No: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2. Mr/ Miss/ Mrs/ Ms (Please circle one)

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

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

Telephone No: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Next of Kin**

1. Relationship: \_\_\_\_\_

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

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

Telephone No: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

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

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

Telephone No: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**General**

Please give your reason for applying for a unit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you made an application for a senior citizen flat/unit to any other Local Authorities, Housing Corporation, Church, or Trust etc. Yes  No

If you have answered 'Yes' please give details \_\_\_\_\_  
\_\_\_\_\_

How did you first hear about Council's pensioner housing \_\_\_\_\_  
\_\_\_\_\_

**Property and Present Accommodation**

Present Accommodation (brief explanation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own any property: Yes  No

If you have answered 'Yes' please give details e.g. house, home unit, land, section \_\_\_\_\_  
\_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

If you are not the occupant, please state why: \_\_\_\_\_  
\_\_\_\_\_

Amount of weekly rental received from property: \$ \_\_\_\_\_

Amount of Mortgage on the Property: \$ \_\_\_\_\_

Government Valuation of Property: \$ \_\_\_\_\_

Do you intend to sell or otherwise dispose of the property \_\_\_\_\_  
\_\_\_\_\_

Have you sold any property during the last 5 years, if so please state details (brief explanation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Sale Price: \$ \_\_\_\_\_

Date Sold: \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_

**Assets**

Do you own a vehicle:            Yes         No

What is the make/model and registration number: \_\_\_\_\_

\_\_\_\_\_

Do you own a boat or caravan if so please give details \_\_\_\_\_

Do you have any other assets apart from household furniture? If so please give brief details with approximate values:

Cash (in hand)            \$ \_\_\_\_\_

Bank Accounts  
(which bank)            \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Investments            \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Shares            \_\_\_\_\_ \$ \_\_\_\_\_

Other(s)            \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL**            \$ \_\_\_\_\_  
**Income**

Income (please give details of income received from all sources)

Benefit No: \_\_\_\_\_

Benefit Type: \_\_\_\_\_

Benefit Payment (fortnightly): \$ \_\_\_\_\_

Salary or Wages (fortnightly): \$ \_\_\_\_\_

Other Income (please state source)

Source            \_\_\_\_\_ \$ \_\_\_\_\_

Total income per fortnight: \$ \_\_\_\_\_

**Proof of Identity**

1. Photo identification - (Please circle one)      driver's licence /      passport      /      other

ID number: \_\_\_\_\_      Expiry Date: \_\_\_\_\_

2. And one of the following:

Bank statement included:      Yes       No     

WINZ statement included:      Yes       No     

Other

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**Solicitor**

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

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

Telephone No: \_\_\_\_\_

**Medical Report**

A confidential medical report will be required from your Doctor to confirm the status of your health and ability to live independently and compatibly within the housing complex. (Any cost is to be borne by the applicant). The Medical Information Request form is attached for your completion.

**Criminal Record**

The Council, in administering its Pensioner Housing units, seeks to provide a safe environment for its tenants. Accordingly, as part of that process the Council wants to ensure that prospective tenants are suitable for the Housing unit. Please complete the attached Ministry of Justice Criminal Records form (Priv/F2) which provides Council with your authority to undertake a Criminal Reference check.

**Privacy Act**

Due to the Privacy Act we are unable to give your name to any other organisation or person. However, at times we do get requests to send out surveys, for example from Age Concern, or get information that could be useful to you. In other instances we would like to contact someone or some group if we are concerned about your well-being. Do you agree to the Council passing on your name and address, only in situations where we think it is in your interest to do so?

Yes       No            Signed \_\_\_\_\_

**Statutory Declaration**

To be signed in presence of a Solicitor of the High Court of New Zealand, Justice of the Peace or Registrar of the Court

I, \_\_\_\_\_ solemnly and sincerely declare that the information supplied in this Pensioner Housing Application Form are true and correct and I make this solemn declaration conscientiously believing the same to be true and by the virtue of the Oaths and Declarations Act 1957.

Signed \_\_\_\_\_ (Applicant)

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

This \_\_\_\_\_ day of \_\_\_\_\_ 2017

Before me \_\_\_\_\_ (Name of duly authorised witness)

Signed \_\_\_\_\_

Justice of the Peace  
Solicitor of the High Court of New Zealand  
Registrar of the Court

101, Guyton Street  
PO Box 637, Whanganui 4500  
New Zealand  
Ph: (06) 349 0001  
Fax: (06) 349 0000  
Email: wdc@whanganui.govt.nz  
www.whanganui.govt.nz



**WHANGANUI  
DISTRICT COUNCIL**  
Te Kaunihera a Rohe o Whanganui

Dear Dr

I,

Hereby authorise you to reveal to the Whanganui District Council, details of my medical records retained by you.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**CONFIDENTIAL MEDICAL CERTIFICATE**

**Housing for the Elderly**

**To Be Returned To:**

Property Officer, Pensioner Housing  
Property Group  
Whanganui District Council  
PO Box 637  
Whanganui 4541

**Patient's Name:**

**Present Address:**

**Please retain this form to be processed with application.**





# 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:

X

**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 <input type="radio"/> Female <input type="radio"/>
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)

### 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](http://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:	<input type="text"/>
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## 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.

