



Franklin
DISTRICT COUNCIL

PENSIONER HOUSING

**APPLICATION FORM
FOR PENSIONER HOUSING IN THE FRANKLIN
DISTRICT**

VERSION JANUARY 2007

APPLICATION FOR PENSIONER HOUSING IN THE FRANKLIN DISTRICT

ELIGIBILITY CRITERIA

The eligibility of the applicant is dependent on the applicant meeting the following requirements:

- The combined value of the applicant's assets (excluding car, furniture and personal household effects) must not exceed the figures below:

Single	\$17,500
Couple	\$20,500

Assets may include cash in the bank, shares, investments or any other property of value (but excluding car, furniture and personal household effects);

- The applicant must have a housing need as determined by Franklin District Council;
- The applicant must be in position to care for themselves independently;
- The applicant must be a permanent New Zealand resident or Citizen of New Zealand;
- The applicant must be receiving an age related benefit, national superannuation or war pension not exceeding the income figure of \$17,500 per annum for a single applicant and \$20,500 per annum for a couple;
- Any applicant on a benefit other than an age related benefit, national superannuation or war pension and who is over 60 years old will be considered if the applicant's sole source of income is fixed and does not exceed \$17,500 per annum for a single applicant and \$20,500 per annum for a couple (this income does not include payments made to the applicant by way of compensation e.g. War Disability Allowance);
- In the case of a married couple, one spouse must meet all the eligibility criteria;

Authorised Council Officers reserve the right to request references from past landlords.

Applicants who own land or property may not qualify.

Consideration will be given to applicants:

- **Who reside in the Franklin District;**
- **Who have an urgent need for accommodation due to their current circumstances; and**
- **Those who have relatives in the Franklin District.**

EACH APPLICATION WILL BE CONSIDERED INDIVIDUALLY ON ITS MERITS. FRANKLIN DISTRICT COUNCIL RESERVES THE RIGHT TO AND HAS COMPLETE DISCRETION IN DETERMINING THE ELIGIBILITY OR OTHERWISE OF ANY APPLICANT.

PRIVACY ACT 1993

The information provided on this form will be used to process your housing application and to allocate accommodation if your application is successful. Some of the information will be shared with other staff in necessary circumstances (e.g. Finance Department) and inquiries may be made to outside organisations such as your landlord or Social Welfare. The information requested is not required by law, but if insufficient information is provided with your application, it may not be considered. Under the Privacy Act 1993, you have a right of access to this personal information and you are also entitled to request information about you to be corrected when required.

Completed application forms, accompanied by any relevant supporting information should be addressed to:

**Pensioner Housing Application
Customer Services Team
Franklin District Council
Private Bag 5
PUKEKOHE**

If an application is made by a couple, the name and details of both partners must be provided.

I Please complete the following personal information:

	APPLICANT	APPLICANT'S SPOUSE
TITLE: Mr Mrs Ms Miss		
SURNAME		
FIRST NAMES		
DATE OF BIRTH		
PLACE OF BIRTH		
LENGTH OF RESIDENCE IN FRANKLIN DISTRICT		
ARE YOU A NEW ZEALAND CITIZEN?	YES / NO	YES / NO
IF YOU ARE NOT A NEW ZEALAND CITIZEN, THEN ARE YOU A PERMANENT NEW ZEALAND RESIDENT?	YES / NO	YES / NO
LENGTH OF RESIDENCE IN NEW ZEALAND		
PRESENT ADDRESS		
TELEPHONE NUMBER		

II Please complete the following:

<p>HAVE YOU BEEN CURRENTLY CHARGED WITH A CRIME OR HAVE YOU HAD ANY PREVIOUS CRIMINAL CONVICTIONS IN THE PAST? (IF YES PLEASE PROVIDE DETAILS).</p> <p>(THIS QUESTION IS OPTIONAL)</p>	
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III Please enclose this in the attached envelope marked CONFIDENTIAL FOR DOCTOR and have your regular doctor complete the form and forward it to us:

	APPLICANT	APPLICANT'S SPOUSE
DOCTOR'S NAME		
DOCTOR'S ADDRESS		
DOCTOR'S TELEPHONE NUMBER		
ARE YOU ABLE TO CARE FOR YOURSELF?	YES / NO	YES / NO
WHAT IS THE STATE OF YOUR HEALTH?		

IV Please complete the following details of a reference person we can contact if necessary:

NAME:	
ADDRESS:	
TELEPHONE No: (work)	
TELEPHONE No: (home)	
RELATIONSHIP TO YOURSELF:	

V Please complete the following details concerning your present accommodation:

WHAT TYPE OF ACCOMMODATION ARE YOU LIVING IN AT PRESENT?	
LENGTH OF TIME IN PRESENT PREMISES?	
ARE THESE PREMISES RENTED?	YES / NO
IF THEY ARE RENTED, PLEASE SUPPLY THE NAME, ADDRESS AND PHONE NUMBER OF YOUR LANDLORD	
ARE YOU THE SOLE OCCUPANT?	YES / NO
IF OTHERS OCCUPY THE PREMISES WITH YOU, WHAT IS THEIR RELATIONSHIP WITH YOU?	

VI Please complete the following regarding ownership of property:

DO YOU OWN ANY PROPERTY?	YES / NO
IF SO, GIVE BRIEF DETAILS OF TYPE (i.e. HOUSE, HOME UNIT, LAND, FARM, SECTION ETC)	
ADDRESS(ES) OF SUCH PROPERTY(IES)	
IF YOU ARE NOT THE OCCUPANT OF THE ABOVE PROPERTY(IES) PLEASE STATE WHY NOT	

WHAT WEEKLY RENTAL DO YOU RECEIVE FROM YOUR PROPERTY?	
WHAT IS THE GOVERNMENT VALUATION ON THE PROPERTY?	
WHAT MORTGAGE IS ON THE PROPERTY?	
DO YOU INTEND TO SELL OR OTHERWISE DISPOSE OF YOUR PROPERTY?	YES / NO
NAME, ADDRESS & TELEPHONE NUMBER OF YOUR SOLICITOR?	
DO YOU OWN A MOTOR VEHICLE, BOAT, CARAVAN OR OTHER TYPE OF VEHICLE? (Please give details)	
HAVE YOU SOLD ANY PROPERTY IN THE LAST 5 YEARS?	YES / NO
PLEASE GIVE BRIEF DETAILS (i.e. Address, Sale price, Date sold, Mortgage held)	
WHAT IS/ARE YOUR REASON(S) FOR APPLYING FOR A 'HOUSING FOR THE ELDERLY' UNIT?	

VII Please complete the section below regarding accommodation preference:

PLEASE CHOOSE THE AREA IN WHICH YOU WOULD PREFER TO LIVE AND ALSO MAKE SECOND, THIRD AND FOURTH CHOICES	<u>AREA</u>	<u>PREFERENCES</u>
If a flat becomes vacant in any area we will offer it to you.	<u>Pukekohe</u>	
	Albert Place	_____
	Parkway	_____
	Lawrie Avenue	_____
	Henry Curd	_____
	<u>Tuakau</u>	
	Jellicoe Avenue	_____
	Henderson Avenue	_____
	<u>Waiuku</u>	
	Norfolk Rise	_____
	Kent Street	_____

VIII Please complete the following concerning your financial details:

CASH IN HAND:	
BANK ACCOUNTS (BANK NAME(s)) (Please include print out of last statement)	
INVESTMENTS	
SHARES OR TRUSTS	
OTHER INCLUDING BONUS BONDS	

IX Please complete the following regarding fortnightly income from all sources:

	APPLICANT	APPLICANT'S SPOUSE
SALARY OR WAGES (If applicable)		
BENEFIT TYPE		
AMOUNT RECEIVED		
ADDITIONAL BENEFITS (Please give details)		
OTHER INCOME (Please give details)		

Please supply two written references with this application.

FRANKLIN DISTRICT COUNCIL

DECLARATION

TO BE COMPLETED BY APPLICANT(S)

I / We _____

of _____

do solemnly and sincerely declare that the particulars supplied are correct in every detail and I/We 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 Franklin 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(s) _____

Before Me

(Justice of the Peace or other person authorised to take a
Statutory Declaration)

