

# ***Pensioner Housing***

## ***Application Form***

### ***Process***

1. Please complete all questions on the form.
2. Submit your completed application and supporting documents to Destination Westland. (Please see checklist in the last page)
3. Your application will be assessed by the property management team.
4. If your application is approved, your name will be added to the Pensioner Housing Register until a vacancy occurs.
5. 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 need's basis.

### ***Eligibility criteria***

1. The primary focus will be to provide housing for older people, i.e. 65 years of age or older.
2. The secondary focus will be to accept tenants between the ages of 60 and 64 years.
3. To be eligible for consideration, applicants must:
4. Not have more than \$150,000 in total assets, ie property, in the bank or in investments. The equity in family trusts will be taken into consideration when assessing eligibility;
  - Be a Community Services Card holder OR receiving a permanent benefit;
  - Be able to live independently; and
  - Be compatible with a communal housing environment.

Should an urgent need arise in relation to a person not on the waiting list or lower down on the waiting list, and the applicant meets the criteria above, the application will be referred to the Chief Executive for a decision. Applicants may be required to attend an interview.

The acceptance or otherwise of prospective tenants will be undertaken strictly in accordance with this policy.

### ***Office use only***

Date received:

Checked for completeness:

Accepted

Declined

## ***Applicant details***

Verification required: Passport or Driver’s License or Birth Certificate for each applicant.

### **APPLICANT 1**

**First or given name(s):**

**Family or surname:**

**Current address:**

**Phone number:**

**Date of birth:**

**Place of birth:**

**Email:**

**Are you a smoker?**

**Yes**

**No**

**Do you have any previous, current, or pending criminal convictions?**

**Yes**

**No**

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

By completing this application, I consent to Destination Westland making enquiries to verify the information in my application including Police checks and credit checks and recognize that all enquiries will be conducted on a confidential basis and that Destination Westland has the right to maintain the confidentiality of this information.

**APPLICANT 2**

**First or given name(s):**

**Family or surname:**

**Current address:**

**Phone:**

**Date of birth:**

**Place of birth:**

**Email:**

**Are you a smoker?**

**Yes**

**No**

**Do you have any previous, current or pending criminal convictions?**

**Yes**

**No**

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

By completing this application, I consent to Destination Westland making enquiries to verify the information in my application including Police checks and credit checks and recognize that all enquiries will be conducted on a confidential basis and that Destination Westland has the right to maintain the confidentiality of this information.

## Accommodation requirements

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

I would prefer a flat in *(please tick one or number in order of preference)*:

Hokitika	<input type="checkbox"/>
Ross	<input type="checkbox"/>

What type of unit are you interested in?

Studio unit (1 person only)

One bedroom unit (1-2 people )

Two-bedroom unit (2 people only)  
Tudor Street Property – Limited

## Existing accommodation

What is your current living situation:

Living in own home

Boarding

Renting

Other (Please specify: \_\_\_\_\_)

## Pets

Do you have any pets that would be living at the property?

Yes

No

If you have answered yes, please provide details including quantity and breed/s:

Are you currently paying rent or board?

Yes

No

If yes, how much is your weekly rental?

\$

Do you need to give notice?

Yes

No

How many weeks:

Have you lodged an application for housing accommodation with any other agency (e.g. Grey District Council, Kainga Ora Welfare Organisation etc.)? If so, please state with who you applied and what date:

### ***Next of kin***

I give permission for the Destination Westland Property Administrator to contact my Next of Kin if they have concerns about my general health and/or my financial status:

Name:

Address:

Telephone:

Relationship to applicant(s):

If no Next of Kin, please supply other contact: (e.g Solicitor, Public Trust etc.)

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### ***Gross income per annum***

<b>NZ Superannuation</b>	\$	
<b>Other benefit or pension</b>	\$	
<b>Accommodation supplement</b>	\$	
<b>Interest from savings/ investments/ dividends</b>	\$	
<b>Income from a Trust (including a Family Trust)</b>	\$	
<b>Income from a Trust (including a Family Trust)</b>	\$	
<b>Salary/ Wages</b>	\$	
<b>Other income:</b>	\$	Please supply a certificate of earnings from your employer
<b>TOTAL INCOME</b>	\$	

### Assets

Combine assets if more than one applicant:

Cash on hand in bank:

\$	
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Vehicle:

\$	
----	--

- Vehicle make:

--	--

- Vehicle year:

--	--

House/s:

\$	
----	--

Land:

\$	
----	--

Investments:

\$	
----	--

Other assets:

\$	
----	--

- Asset type?

--	--

Total:

\$	
----	--

Please list any assets disposed of by any means in the last ten years, the reason for disposal and what was done with the proceeds from any sale:

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Do you have a community services card?

Yes

No

## References:

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**

**Phone number:**

**Email:**

### REFEREE 2

**Name:**

**Relationship**

**Phone number:**

**Email:**



## ***Declaration***

I authorise Destination Westland 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 Destination Westland property I declare that the information contained in this application is true and correct.

I acknowledge Destination Westland's 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:**

### ***Applicant's ability to live independently***

Please complete and sign the consent at the top of the attached Independent Living Form. You will need to take the Independent Living Form to your doctor to complete prior to lodging your application for Retirement Housing. Destination Westland provides accommodation for older people living independently and is not a health and disability provider.

The information requested will assist Destination Westland to determine whether you are capable of independent living, such that there would not be any significant risk of harm to yourself or to others living in a unit village.

### ***Support agency assistance***

**Do you receive assistance from a support agency e.g. Presbyterian support, community healthcare services?**

Yes

No

**If yes, please provide details:**

**INDEPENDENT LIVING FORM**

I, \_\_\_\_\_(name of applicant)

give my consent for my Doctor/GP to complete the information requested in the form set out below which I will submit to Council as part of my Retirement Housing application.

**Signature:**

**Date:**

**Doctor/GP:**

**Doctor/GP Contact Number:**

**Doctor/GP Address:**

**FOR THE DOCTOR/GP TO COMPLETE**

The applicant is applying for a tenancy in a Destination Westland Pensioner unit. These are in groups of small one to two-bedroom, self-contained units which require the applicant to have the ability to live independently and in close proximity with a community of elderly people.

The information requested will assist Destination Westland to determine whether the applicant is capable of independent living, such that there would not be any significant risk of harm to the applicant and they will be able to live harmoniously and in a non-disruptive manner with others living in the Destination Westland Pensioner units.

**Patient Name:**

**Date of birth:**

**Able to live independently?**

Yes

No

Has the patient suffered from / is suffering from (please give details):

<b>Stroke:</b>	
<b>Heart disease or conditions:</b>	
<b>Respiratory disease:</b>	
<b>Psychiatric or nervous disorder (Please provide details):</b>	
<b>Arthritis or osteoporosis:</b>	
<b>Diabetes:</b>	
<b>Alcoholism:</b>	
<b>Other (specify):</b>	

Doctor/GP Signature:

Date:

## ***Checklist***

Please provide the following supporting documentation for each applicant:

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

**Proof of contents insurance**

**Independent living form**

**Two references**

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