

In order for a prospective Tenant/s to enter into a tenancy agreement with the Western Bay of Plenty District Council (the Council) pursuant to the Residential Tenancies Act 1986, the Council needs to be satisfied that the Tenant/s meet the eligibility criteria set out in this document.

1. Definitions

- 1.1 **Accommodation Supplement** – This is the subsidy provided by the Ministry of Social Development to support people to meet their housing costs.
- 1.2 **Effective Rent** – This is the level of rent set by Council, minus the Accommodation Supplement.
- 1.3 **Live Independently** – The ability to manage living on one's own, either with or without support, as certified by a medical doctor.
- 1.4 **Older People** – These are people who are eligible for NZ Superannuation, which is currently people aged 65 years and over.

2. Eligibility Criteria

- 2.1 A prospective Tenant/s must be Older People who are New Zealand residents.
- 2.2 A prospective Tenant/s must be able to demonstrate that their total assets are worth \$40,000 or less for a single person, and \$50,000 or less for a couple. Total assets include cash, investments, dividends, bonds, shares, trust/s of any kind, house/s and other property (such as a car, caravan or boat).
- 2.3 A prospective Tenant/s must be able to demonstrate that they are able to Live Independently. This includes maintaining acceptable levels of health to enable the Tenant to care for themselves.
- 2.4 A prospective Tenant/s must provide two written references, or alternatively provide the details of two people who would be willing to provide verbal references. Referees must not be relatives of the Tenant/s.
- 2.5 If there is a waitlist for the units, consideration will be given to the following criteria:
 - a. Where the Tenant/s reside, or whether they have a history of residency within the Western Bay of Plenty District (the District); or
 - b. Whether the Tenant/s have close family either residing in the District, or with

a history of residency in the Western Bay of Plenty.

- 2.6 A prospective Tenant/s' eligibility is assessed by the completion of the following documents, which are attached hereto:
- a. Application for Elderly Persons Housing, which needs to be completed by each prospective Tenant/s; and
 - b. Doctor's Statement in Support of Application for Elderly Persons Housing, which needs to be completed by each prospective Tenant/s' doctor.

3. Ongoing Eligibility

- 3.1 A Tenant/s is obligated to inform Council's property officer of any changes to their circumstances.
- 3.2 At any time, Council's property officer can request evidence of a Tenant's eligibility to remain in an Elderly Housing Unit. This includes evidence of a Tenant's ability to Live Independently and still being eligible for the Accommodation Supplement.

SIGNED BY:

as Tenant

Signature

Application for Tenancy in a Council Pensioner Unit



Send To: Western Bay of Plenty District Council
Private Bag 12803
Tauranga Mail Centre
Tauranga 3143

Ph: 07 571-8008

The information contained in this form is requested for the sole purpose of determining whether the applicant should be granted a tenancy in a Western Bay of Plenty District Council Elderly Persons Unit and will not be used for any other purpose. You do have right of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.

1. Applicant Details

First Name/s: _____ Surname: _____
First Name: _____ Surname: _____

2. Postal Address

3. **Unit applied for:** Single Couple

4. Contact Details

Phone: () _____ Mobile: () _____
Fax: () _____ Email: _____

5. Date of Birth

6. Marital Status

Married Single Divorced De Facto
 Widow Widower Separated

Contact details for De Facto partner (including name, address, phone number and email if applicable)

Failure to complete this information may lead to your application being refused

7. **Identification**

Please provide a full colour copy of your photo identification (drivers licence, passport)

Complete applicable:

Drivers licence number: _____

Passport Number: _____

8. **Own Assessment of State of Health** (NOTE: Applicants must be able to live independently. There is no resident medical service or Council welfare officer. Please ask your Doctor to complete the attached form.)

9. **1st Applicant: smoker / non-smoker?** *(Please circle)*
2nd Applicant: smoker / non-smoker? *(Please circle)*

10. **Please Indicate Preference**

Mark 1st, 2nd and 3rd choices if required

Waihi Beach Katikati Te Puke

11. **Duration of Residence in the Western Bay District**

During the last 10 years, how long have you resided in the Western Bay of Plenty District Council area?

12. **Description of Present Accommodation**

13. **Do you have any Pets?**

14. **Current Weekly Rental**

Failure to complete this information may lead to your application being refused

15. **Name, Address & Phone Number of Landlord**

16. **Details of Property Owned in the Last Five Years**

17. **Why did you dispose of this Property?**

18. **Amount Derived from Sale**

19. **Details of Any Real Estate Owned at Present**

20. **Next of Kin Contact Details (include name, relationship, phone and email if applicable)**

21. **Emergency Contact Details (include name, relationship, phone and email if applicable)**

22. **2 Character References** *Contact Details – Not Relatives*

Name:

Address:

Phone:

Failure to complete this information may lead to your application being refused

Name:

Address:

Phone:

I / WE hereby authorise the Western Bay of Plenty District Council to make any enquiry considered necessary in respect of this application.

(Signature/s)

Declaration



I/WE

OF

Solemnly and sincerely declare that the statements contained herein are to the best of MY / OUR knowledge true and correct in every particular.

MY / OUR TOTAL INCOME:

\$ Per Fortnight

NZ Superannuation

Any other Benefit or Pension? YES / NO

Specify type

Accommodation supplement

Income from a Trust (including Family Trust)

Failure to complete this information may lead to your application being refused

Other Income (including casual work)

TOTAL FORTNIGHTLY INCOME: \$

Please provide a copy of your last three bank statements with your application

MY / OUR ASSETS:

Value (\$)

Interest from Savings/Investments

Dividends

Cash in hand

Cash in bank / bonds

House/s & Section (Rating Valuation)

Shares, Mortgages, Debentures or other investments

Car

Caravan

Boat

Other (specify)

TOTAL ASSETS:

\$

Failure to complete this information may lead to your application being refused

**DOCTOR'S STATEMENT IN SUPPORT OF APPLICATION
FOR ELDERLY PERSONS HOUSING**

**Send To: Western Bay of Plenty District Council
Private Bag 12803
Tauranga Mail Centre
Tauranga 3143**

Phone 07 571-8008

The information contained in this form is requested for the sole purpose of determining whether the applicant should be granted a tenancy in a WBOPDC Elderly Persons Unit and will not be used for any other purpose.

**Igive consent to my Doctor
supplying the information as required below.**

Signature..... Date.....

DOCTOR TO COMPLETE:

Patient Name: _____
Address: _____
Date of Birth: _____ **Length of time as your patient:** _____

1. PAST MEDICAL HISTORY / PRESENT MEDICAL HISTORY (including psychiatric history)

Has the patient ever suffered from / is suffering from: **(Please give full details)**

Stroke: _____

Heart Disease or Conditions: _____

Respiratory Disease: _____

Psychiatric or nervous disorders: _____

(please indicate type of illness/disorder) _____

Arthritis: _____

Osteoporosis: _____

Diabetes: _____

Alcoholism: _____

Further Comments:

Failure to complete this information may lead to your application being refused

2. ASSESSMENT OF:

Mental Condition:

Degree of Mobility / Type of Disability

The patient's physical and mental ability to live in unsupervised accommodation and cope on his/her own.

Suitability for high density living. Please confirm that a placement would not lead to disturbance or friction with others.

Any condition that may affect this person's ability to live alone. (This could include issues such as heavy Drinking or behavioral issues)

Are Support Services Required?

	Current	Needed
District Nurse		
Psychiatric Support		
Home Care-Givers		
Other		

	Current	Needed
Meals On Wheels		
Home - Help		

Smoker

Non Smoker

Doctor's Name & Surgery Address: _____

Phone: _____

Signature: _____ **Date:** _____

AND I / WE make this solemn declaration conscientiously believing the same to be true and by virtue of the OATHS AND DECLARATIONS ACT 1957.

DECLARED AT ----- **this** ----- **day of**

----- **20** -----

JUSTICE OF THE PEACE or other such person authorised to witness such declarations.

Signature of applicant/s
