

**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 **Affordable Housing** – Housing for low to moderate income and asset households and priced so that the household is able to meet its housing and other essential basic living costs.
- 1.2 **Live Independently** – means to have the ability to manage living on one's own, either with or without support, as certified by a medical doctor.

### **2. Eligibility Criteria**

- 2.1 Applicants must be older people who are New Zealand residents.
- 2.2 Applicants must be able to demonstrate 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 of any kind, house and other property, car, caravan or boat. It does not include furniture or personal effects
- 2.3 Applicants must be able to demonstrate that they are able to Live Independently.
- 2.4 Applicants must have two written references or provide the details of two people willing to provide verbal references. Referees must not be relatives of the applicants.
- 2.5 If there is a waiting list for units, consideration will be given to the following criteria:
  - a. Where applicants either reside, or have a history of residency within the Western Bay of Plenty District, or
  - b. Whether applicants have close family either residing in the District, or with a history of residency in the Western Bay of Plenty; or
  - c. Whether the applicant has whakapapa connections to the hapū of the area where the elder housing is located.

- d. Whether applicants have close family either residing in the district, or with a history of residency in the Western Bay of Plenty; or
- e. Whether the applicant has whakapapa connections to the hapū of the area where the elder housing is located.

### 3. Ongoing Eligibility

- 3.1 Tenants are obligated to inform their tenancy manager of any changes to their circumstances.
- 3.2 At any time, Council's tenancy managers can request evidence of a tenant's eligibility to remain in their units.

SIGNED BY:

as Tenant

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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 Per- sons 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/s: \_\_\_\_\_ Surname: \_\_\_\_\_

## 2. Postal Address

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

## 4. Contact Details

Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## 5. Date of Birth

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## 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)

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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.)

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9. **1<sup>st</sup> Applicant: smoker / non-smoker?** *(Please circle)*

**2<sup>nd</sup> Applicant: smoker / non-smoker?** *(Please circle)*

10. **Please Indicate Preference Mark 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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?

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12. **Description of Present Accommodation**

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

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14. **Current Weekly Rental**

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

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

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

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18. **Amount Derived from Sale**

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

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

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

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

**Name:**

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**Address:**

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**Phone:**

**Name:**

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**Address:**

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**Phone:**

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

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(Signature/s)

# Declaration



I/WE

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OF

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**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

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Any other Benefit or Pension? YES / NO

Specify type

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Accommodation supplement

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Income from a Trust (including Family Trust)

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Other Income (including casual work)

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**TOTAL FORTNIGHTLY INCOME: \$**

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

**MY / OUR ASSETS:**

**Value (\$)**

Interest from Savings/Investments

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Dividends

---

Cash in hand

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Cash in bank / bonds

---

House/s & Section (Rating Valuation)

---

Shares, Mortgages, Debentures or other investments

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Car

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Caravan

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Boat

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Other (specify)

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**TOTAL ASSETS:**

**\$**



**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.*

**I ..... give 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:**

\_\_\_\_\_

**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 behavioural issues)**

\_\_\_\_\_

\_\_\_\_\_

**Are Support Services Required?**

	Current	Needed
District Nurse		
Psychiatric Support		
Home Care-Givers		
Other		

**Smoker**

	Current	Needed
Meals On Wheels		
Home - Help		

**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**

\_\_\_\_\_  
 \_\_\_\_\_

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

**Checklist:**

- Have you completed **all** sections of this application?
- Have you provided bank statements from the last 3 months?
- Has your doctor completed their statement of support?