

# Application for Tenancy in a Council Pensioner Unit



**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 WOPBDC Superannuate 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 1993.*

## 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.)

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

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

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

**Phone:** \_\_\_\_\_

**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)

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

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

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

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:** \$ \_\_\_\_\_

**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