

# TENANCY APPLICATION FORM

HOUSING FOR OLDER PEOPLE



If you have any questions about our Housing for Older Person's please call us on 07 282 3032.  
On receipt of your fully completed application you will be contacted for an interview.

Name:  Phone:

Email:  Phone:

Date of Birth:  Marital Status:

Present Address:

Reasons for leaving:

Housing for Single or Couple?  Single  Couple

Partners Name:  Date of Birth:

Smoker  Non-Smoker  WINZ Number:

Address for Service:

(the above address should be that of a family member or close friend who permanently resides at this address)

INCOME	Applicant 1	Applicant 2
Amount of Benefit fortnightly (nett)	\$	\$
Other income fortnightly (nett)	\$	\$
Total income per fortnight	\$	\$

Are you a New Zealand Citizen/ have Permanent Residency status?  Yes  No

Ethnicity:  Maori—Iwi   NZ European  Other

Doctor Name:  Phone Number:

Practice Name:

Any special or accessible features required?

Source of Income:

ALL INCOME and ASSETS **must** be declared

Savings:  Investments:

Assets:

Do you or your partner own or have a financial interest in, or sold a property in the last 5 years, in New Zealand or Overseas?  Yes  No

If yes please supply details:

Pets—please list any pets you have and would like to move in with. We have a no dog policy:

Do you own a car/ mobility scooter or plan to get one in the future?  Yes  No

If yes please supply details:

Please state order of preference for housing: Veronica  Allandale   
Alice Stone  Lovelock  Hardy (Murupara)  Murphy (Murupara)

Next of kin/close friend emergency contact:

Name:  Relationship:

Address:  Phone:

Do you currently receive support from any agencies. Please List:

Do you have prior criminal convictions/ pending criminal charges? Please supply details:

### Consent to Private Information/Stautory Declaration

TCHT may need to obtain/confirm private information before and/or during a tenancy. Subject to the Privacy Act 1993, we would require information for to do with your application and tenancy. This information will not be shared with anyone else and you have the right at any time to access this information. I/We hereby authorise TCHT staff to access any information with regards to my application and ongoing tenancy.

I declare that all information supplied is true and correct and make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths and Declarations Act 1957.

Signature:  Date:

References:

Previous Landlord:  Phone:

Personal:  Phone:

### CHECKLIST

- Provide a completed medical certificate
- Provide evidence of income and assets
- Have you completed all sections of form
- Provide a reference from a landlord

# CONFIDENTIAL MEDICAL CERTIFICATE

TO BE COMPLETED BY YOUR DOCTOR

## PATIENT DETAILS

Name:  DOB:

Present Address:

PLEASE COMMENT ON:

Physical and mental condition and ability to cope with living on his/her own.

  
  

Suitability for high density living. (Need to ensure placement would not lead to disturbance or friction with other tenants—May include heavy drinking, violent or threatening behaviour towards others)

  
  

Degree of mobility

  
  

Any condition that could affect this person's ability to live alone?

  
  

Name of Doctor:  Phone:

Address: