

APPLICATION FOR PENSIONER HOUSING

The selection of tenants will be based on an assessment of the following criteria:

- Personal health and mobility
- Present Housing Situation
- Ability to care for themselves
- Age
- Marital Status
- Personal financial situation
- Waiting list position
- Residency in the district

All information supplied in this application will be treated in strict confidence.

When fully completed, together with any additional information which the applicant(s) may wish to submit, the application should be forwarded to:

*The Community Facilities Manager Services
Mackenzie District Council
PO Box 52
FAIRLIE*

PENSIONER HOUSING APPLICATION FORM

1. Where a couple is applying, names of both applicants must be given.

	APPLICANT ONE	APPLICANT TWO
Surname		
First Names		
Date of Birth		
Length of Residence in Mackenzie District If not a rate payer a referee will be required.		

2. Address:

3. Telephone Numbers:

Home: _____ Business: _____

4. Marital Status (Please tick the box which applies)

- Single
 Married
 Widow
 Widower
 In a civil union
 In a relationship
 Living apart separated.

5. Are you able to care for yourself?

- Yes
 No (If no please could you provide details of health or mobility issues.)

8. Emergency Contact

Please provide the name, address and contact phone number of a person the Council can contact in an emergency.

Relationship to you: _____

9. Name and Address of Solicitor:

Telephone: _____

10. Do you own a motor vehicle or mobility scooter?

11. Do you have any assets over \$100,000? (cash assets, shares, Bonus bonds, money in the bank, money lent out)

12. Do you have any other income other than National Superannuation. If so what would this yearly income be?

13. Reason for applying for a “Housing for the Elderly” unit:

14. Please state in order of preference, the area where you would prefer to live:

Fairlie 1st or 2nd preference

Twizel 1st or 2nd preference

15. Consent under the Privacy Act 1993

The Mackenzie District Council requires your consent to collect personal information to assist the assessment of the applicants’ suitability for housing for the elderly.

The Mackenzie District Council will hold the information requested securely. The Council is unable to assess your suitability if the authorisation section is not signed. You have the right of access to, and if necessary correction of, any of the personal information provided.

I / We authorise an officer of the Mackenzie District Council to contact my / our solicitor and / or my doctor for any necessary further information.

Signature of Applicant One: _____

Signature of Applicant Two: _____

18. Declaration

I / We, _____

of _____

do solemnly and sincerely declare that the particulars supplied are correct in every detail;
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 _____

Signed by Declarants:

Before Me: (Justice of the Peace or other person authorised to take statutory declaration or
Authorised Officer)

Name

Signature
