

Once you have completed this application form in full, please return it to Nelson Tasman Housing Trust at 329 Trafalgar Square East, Nelson 7010, or PO Box 140, Nelson 7040, together with attached supporting documents. Council housing is for older persons with limited financial means. Please telephone us on 0800 266 325 if you have any questions. A tenancy manager will be in contact to arrange an interview once your application has been processed.

**1. People to be housed**

(a) \_\_\_\_\_  
**Full Name** **Date of Birth** **Age**

(b) \_\_\_\_\_  
**Full Name** **Date of Birth** **Age**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**Telephone**

**2. Marital Status**

State whether (*tick one*):

**Married**  **Partner**  **Single**  **Widowed**  **Divorced**  **Separated**

**3. Existing Accommodation**

Are you (*tick one*):

**Renting**  **Boarding**  **Living in own home**  **in Emergency Accommodation**

Have you made a previous application or lived in Council housing before? YES / NO (*please circle*)

If YES give details where: \_\_\_\_\_

Why did you vacate? \_\_\_\_\_

How much rent/board do you pay? \_\_\_\_\_ per week/month

Are you sharing facilities (e.g. kitchen/bathroom)? Please give details: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Have you received notice to vacate? YES / NO (*please circle*)

If YES, please supply a copy of landlord's letter.

If NO, why is it now unsuitable? \_\_\_\_\_

**Nelson City Council may require a previous landlord reference/credit check. Please supply current landlord contact details:**

\_\_\_\_\_

**4. Income Details**

Which of these benefits do you receive?

Superannuation     Supported Living

Any other  
(describe) \_\_\_\_\_

Applicants may be asked to supply confirmation from WINZ.

How much benefit do you receive?

You: \$ \_\_\_\_\_ weekly/fortnightly

Partner: \$ \_\_\_\_\_ weekly/fortnightly

or Jointly: \$ \_\_\_\_\_ weekly/fortnightly

Are you working now? If so, please give details. Salary/Wages \$ \_\_\_\_\_ weekly/fortnightly

**Please provide a copy of the last 3 months bank statements as proof of your income.**

**5. Assets and Liabilities**

State your assets including savings, investments, dividends, shares, bonus bonds, rents, legacies, annuities, insurances, capital and interest received (excluding furniture, car and personal effects).

<u>Please list:</u>	<u>Amount</u>
_____	
_____	
_____	

**Please supply supporting documents.**

Do you anticipate receiving income/property within the next 12 months? If so, give details:

\_\_\_\_\_

Do you or your wife/husband/partner own or have financial interest in, or have sold a property in the last five years in New Zealand or overseas?    YES / NO (please circle)

If YES please supply details: \_\_\_\_\_

Address of property: \_\_\_\_\_

Value or share of property: \_\_\_\_\_

Outstanding mortgage on property: \_\_\_\_\_

Property sold:    YES / NO (please circle)

When was it sold? \_\_\_\_\_    What was the sale price? \_\_\_\_\_

**6. New Zealand Residency**

**Are you a New Zealand citizen or have a permanent resident status? YES / NO (please circle)**

**7. General Practitioner**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

Please attach a reference from your doctor confirming your ability to live well and independently in a close community setting (*we may need to contact him/her regarding your housing application*).

**8. Support Agency Assistance**

**Do you receive assistance from a Support Agency? YES / NO** (*please circle*)  
(e.g. home care support, home help, psychiatric support, Meals on Wheels, other)

If YES, please give details, we may need to contact at any time.

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

**Do you or your wife/husband/partner have any type of disability?**

If YES, please describe.

\_\_\_\_\_

**9. Next of Kin** (*relationship to applicant e.g. son, daughter, relative, friend*)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

*Nelson City Council may need to contact them for personal reference in support of your application.*

**10. Pets**

**Do you own a cat or dog? YES / NO** (*please circle*)

*Dogs are not allowed in the units and cats are only allowed in exceptional circumstances.*

**11. Preferred Area of Residence**

**Tick the suburb or complex where you would prefer to live:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> <b>Stoke</b><br>Karakā (Orchard)<br>Nayland<br>Songer<br>Devon | <input type="checkbox"/> <b>Nelson</b><br>Toi Toi<br>Examiner (Renwick)<br>Waimea (Russell) | <input type="checkbox"/> <b>Tahunanui</b><br>Blackwood | <input type="checkbox"/> <b>Atawhai</b><br>Atawhai |
|---|---|--|--|

**12. Proof of Age**

Please provide a certified copy of your birth certificate, passport or drivers licence. (*Your solicitor or a justice of the peace will be able to provide this certification*). For Nelson City Council's Community Housing the first priority is superannuitants and the second priority is people aged over 55 on a benefit.

### 13. Consent to Private Information

Please note that Nelson City Council may need to establish information prior to the commencement of a tenancy or during the ongoing tenancy.

#### Pursuant to Principles 3 and 10 of the Privacy Act 1993:

1. The information is being collected to enable the Council to maintain its Community Housing records.
2. The intended user and holder of the information is the Nelson City Council, through its agent, Nelson Tasman Housing Trust.
3. You have right of access to and correction of any personal information held about you by the Council.
4. The personal information is not required by law, however if refused, the Council may decline your application.

**I / We hereby authorise and agree that the Nelson City Council or agent may require access to information with regards to my / our application and ongoing tenancy.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Asset Manager \_\_\_\_\_

### STATUTORY DECLARATION *[to be completed by applicant(s)]*

I / We (full names) \_\_\_\_\_

Of (full address) \_\_\_\_\_

(nature of occupations) \_\_\_\_\_

Do solemnly and sincerely declare that all statements made and all particulars contained in the foregoing application are, to the best of MY / OUR knowledge information and belief, true and correct in each and every particular: and I / WE make this solemn declaration conscientiously believing the same to be true, and under and by virtue of the Oaths and Declarations Act 1957.

#### Signature of Declarant:

\_\_\_\_\_

Declared at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

Year \_\_\_\_\_ before me.

A solicitor of the High Court of New Zealand.

A Justice of the Peace in and for New Zealand.

An Officer in the service of the Nelson City Council duly authorised to take statutory declarations.

#### Signature of Declarant:

\_\_\_\_\_

Declared at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

Year \_\_\_\_\_ before me.

A solicitor of the High Court of New Zealand.

A Justice of the Peace in and for New Zealand.

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#### Nelson City Council Community Housing

Nelson City Council owns 142 community housing units at nine locations around the city. Find out more about Community Housing and other Council services at [nelson.govt.nz](http://nelson.govt.nz).

# CHECKLIST

Please make sure you have attached all required documents before submitting your application.

- Completed application form, signed and witnessed**
- Copies of last 3 months bank statements showing income**
- Supporting documents – assets and liabilities**
- Certified copy of your birth certificate, passport or drivers licence**

Once you have completed this application form in full, please return it with attached supporting documents to **Nelson Tasman Housing Trust** at one of the following:

**Office:**

**Trafalgar House  
329 Trafalgar Square East  
Nelson 7010**

**Postal address:**

**PO Box 140  
Nelson 7040**

**Email: [info@nelsonhousing.org.nz](mailto:info@nelsonhousing.org.nz)**