



Te Kaunihera o
MANUKAU
City Council

Correspondence:
Housing for the Elderly
Private Bag 76-917
Manukau City
New Zealand
Tel: (09) 262 8900
Ext 8633
Fax: (09) 262 8920

APPLICATION

Housing for the Elderly

If you need help to fill in this form, please phone 09-262 8900 ext 8633.

Your Details

Mr Mrs Miss Ms (Please tick)

Full Name: _____

Current Address: _____

Telephone: _____ Date of Birth: _____

Where were you born? _____

Marital Status

(Please tick)

Single Married Partner Widow Widower Separated Divorced

Existing Accommodation

Are you: Renting Boarding Living in own home (Please tick)

How much rent / board do you pay? _____

How long have you lived there? _____

Income Details

Which of these benefits do you receive? (Please tick) Superannuation Invalid Benefit

Transitional 55+ Benefit Widow's Benefit Emergency Unemployment

Any other benefit? _____

How much benefit do you get in total?

You \$ _____ Partner \$ _____ Jointly \$ _____

Weekly Fortnightly (Please tick)

Applicants are required to supply confirmation from Work and Income New Zealand.

Assets

What are your total savings? \$ _____

If you have investments, shares, bonus bonds, list value. \$ _____

Do you or your partner own or part own the home you live in now? Yes No

If yes: Value of property \$ _____

Is there a mortgage on the property? Yes No If yes, amount owing \$ _____

Have you sold property in the last 10 years? Yes No

If yes, when was it sold? _____ What was the sale price? \$ _____

Next of Kin

Name: _____

Phone Work: _____ Home: _____

Address: _____

Relationship: _____

Do you have relatives or friends living in Manukau City?

Son Daughter Brother Sister Other _____

Have you a relative who is a council employee or a councillor?

Yes No. If yes, please give name: _____

Emergency Contact

Name: _____

Phone Work: _____ Home: _____

Address: _____

Relationship: _____

Please see over.



Medical History:

Name of Doctor: _____

Address: _____

Phone: _____

Does your present home make your health problems worse? Yes No

If yes, please explain in what way. _____

Do you receive assistance from a Support Agency? (e.g. home care support, home help, psychiatric support, Meals on Wheels) Yes No. If yes, please give details. _____

Equal Opportunities

No matter what your sex, race, ethnic or national origin, all applicants are treated equally. To be sure that our Equal Opportunities Policy works well, please tick the group that best describes you and your partner (if you have one):

- Maori Samoan Cook Island European Tongan
- Niuean Chinese Fijian Fijian/Indian Indian
- Vietnamese Question refused Other, eg Tokelauan _____

Preferred Location

Where would you like to live in Manukau City? (Tick all areas that apply.)

- Howick Mangere Manurewa Otara Pakuranga Papatoetoe

Privacy Act 1993 Statement

Privacy Act Waiver pursuant to the Privacy Act 1993

1. I/we confirm we authorise Manukau City Council to communicate with any referee named in my tenancy application in addition to any Finance Company, Bank, Credit Reporting Agencies, Work and Income NZ (or it's successor), Department of Courts, Police Department, my/our employers (past, present and the future), previous and present landlords, or the respective representatives of these agencies or people, to obtain, check, and exchange (both now and in the future) such personal, residential, financial and commercial information as the Manukau City Council may require for the following purposes.
 - considering and assessing my application for tenancy.
 - the protection, administration and performance of any agreement arising out of my application for tenancy.
 - to assist in the collection and/or enforcement of any tenancy agreement between me/us and the Manukau City Council.
 - to collect information which would be provided to a tenant default database and/or credit reporting agency, if you enter into a tenancy agreement and fail to comply with the terms of that agreement. (A tenant default database records the names of persons who have been found to breach a tenancy agreement or the Residential Tenancies Act 1986 by the Tenancy Tribunal). I acknowledge that this information may then be publicly accessible through the credit reporting agency or the tenant default database.
 - to use this information to enforce any judgement in respect of the tenancy agreement and/or any order made against me made by the Tenancy Tribunal.
2. I/we irrevocably authorise any individual or organisation described in Paragraph 1 above to provide any information the Manukau City Council or its representatives may require in response to any enquires they may make for the purposes set out in that paragraph. I understand this may include furnishing the Manukau City Council or it's representatives with otherwise confidential information including my present address and telephone number(s). I/we further irrevocably authorise the Manukau City Council to furnish to any of the organisation or individuals so described, details of my/our application and any subsequent dealing or agreements I/we may have with the Manukau City Council as a result of the tenancy application and /or the tenancy agreement.



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3. You have a right to see the information we, or any credit reporting agency or tenant default database hold about you and to correct that information in accordance with the Privacy Act.
4. I confirm the information in this form is true and correct and that I have read and understood all the above including the Privacy Act 1993 waiver, and hereby appoint the Manukau City Council as my/our agent to find accommodation for me/us.

Signed by Applicant/s: _____ Dated: _____

Statutory Declaration

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: _____ Signature of Declarant: _____

Declared at: _____ Declared at: _____

This _____ day of _____ Year _____ This _____ day of _____ Year _____

before me: _____ 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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Medical Certificate

Doctor's Consent Form

I _____ (Name of Applicant)
give consent to my Doctor completing the information required.

Signature: _____ Date: _____

For The Doctor To Complete

Name of Patient: _____ D.O.B: _____

Address: _____

Has the patient suffered from or is suffering from: (Please circle)

Stroke	Yes	No
Heart Disease or Conditions	Yes	No
Respiratory Disease	Yes	No
Psychiatric or Nervous Disorders	Yes	No
Arthritis	Yes	No
Osteoporosis	Yes	No
Diabetes	Yes	No
Alcoholism	Yes	No

Comments: _____

Has your patient any disability that may require special consideration? Yes No

Type of disability: _____

Are any special considerations required (e.g. ramps)? _____

Is your patient receiving help from support services? (Please tick)

District Nurse Psychiatric Support Home Help Meals on Wheels

Other: _____

Does your patient smoke? Yes No

Please list any condition that could affect your patient's ability to live alone. This may include heavy drinking, violent or threatening behaviour towards others. _____

Doctor's Name: _____

Phone Number: _____

Address: _____

Signature: _____