

# Application for Own Your Own Elderly Persons Housing



## 1. Personal Details

Every person that is applying for housing needs to provide their details below.

### Applicant One

Legal Name: \_\_\_\_\_ first name \_\_\_\_\_ middle name \_\_\_\_\_ surname \_\_\_\_\_

Preferred name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of your next of kin: \_\_\_\_\_

Your relationship with him/her: \_\_\_\_\_

Next of kin's address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Next of kin's phone number: \_\_\_\_\_

### Applicant Two

Legal Name: \_\_\_\_\_ first name \_\_\_\_\_ middle name \_\_\_\_\_ surname \_\_\_\_\_

Preferred name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of your next of kin: \_\_\_\_\_

Your relationship with him/her: \_\_\_\_\_

Next of kin's address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Next of kin's phone number: \_\_\_\_\_

Please advise the number of people that would be living at the property \_\_\_\_\_

## 2. Current Accommodation Details

Length of time at current address: \_\_\_\_\_ month/s \_\_\_\_\_ year/s

Do you own the property? Yes / No

If yes, what size is your home? Number of bedrooms \_\_\_\_\_

If yes, would you be required to sell your current property in order to purchase an "own your own unit", if one became available? Yes / No

Which town would you like to live in (please circle one): Morrinsville / Te Aroha

### 3. Health Details

If you have special needs due to health issues, please detail these below. Also, if you have a health concern that you would like Council to know about for your safety, please detail below.

General state of health (please circle one): \_\_\_\_\_ Good / Reasonable / Bad

Doctor's name: \_\_\_\_\_ Doctor's phone No.: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Details: \_\_\_\_\_

### 4. Special Requirements

Do you require a lockable garage **Yes / No**

Do you require a carport **Yes / No**

Please advise of any specific requirements that are essential for you in the unit: (please be aware that some requirements may limit the number of properties available to you): \_\_\_\_\_

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

### 5. General Details

Please state the urgency of your application: \_\_\_\_\_

Do you have any pets **Yes / No**

If yes, Please supply all the details of your pets (type, breed, age, amount)

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

Please inform us of any additional information that will be helpful to us when considering your application (attach another page if necessary): \_\_\_\_\_

\_\_\_\_\_

**Note to all applicants: If your circumstances change and you no longer require a unit please advise Customer Services as soon as possible.**

The information given in this form is strictly confidential and will be listed and filed for future reference.

### 6. Declaration

I declare that the information supplied is, to the best of my knowledge, true and correct.

Signature of Applicant One: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant Two: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only (Property Department to complete)

Notes:

Added to Waiting List:

Staff Member:

Date:

